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Medical Century

An International Journal of Homeopathic Medicine, Surgery, and Collateral Sciences.

Volume II. Number 1. CHICAGO, JANUARY 1, 1894. Per Annum, $3.00 Postal Union, 3.50

Gynecology.

PLASTIC SURGERY OF THE VAGINA.

By W. E. GREEN, M. D., Little Rock, Ark.
MEMBER AMERICAN INSTITUTE OF HOMEOPATHY.

There is, probably, no branch of surgery that requires more thought, ingenuity and operative dexterity, than do the plastic operations for the restoration of the pelvic structures in women. A study of the anatomy, physiology, natural and acquired relation of parts, immediate and remote effects of injury and their reflex influences, is essential to a correct understanding of the subject. When the pelvic floor is weakened by a rupture of its supporting structures the functions of all pelvic organs are more or less disturbed, and, ultimately, the entire human organism may become affected.

The lavator ani muscles form the floor of the pelvis. They are two broad, thin muscles which have their origin principally from the posterior aspect of the body and ramus of the pubes; posteriorily, from the inner surface of the spine of the ischium. They pass downwards and unite in the middle line. The most posterior fibres are inserted into the sides of the coccygeal apex. The middle fibres, which form the bulk of the muscle, are inserted into the sides of the rectum, blending with the sphincters.

The transverse perinei arises from the inner side of the tuberosity of the ischium and is inserted into the sides of the sphincter vagina and levator ani. These, in conjunction with other less important muscles and the fascia, make up the perineal body. The levator ani, which constitutes the bulk of the perineum, supports the lower end of the rectum, the vagina and the bladder. A rupture of these parts, such as often occurs during labor, disturbs the muscular equipoise of the region. The torn fibres separate the transversus perinei muscles, instead of holding the central raphe in a state of tension, pull open the vaginal orifice. The anus is drawn upwards and backwards, towards the coccyx. The fascia, having lost its attachments, allows the anterior rectal wall to pouch forward, forming a rectocele, which drags the vaginal wall downward. The vaginal muscle, which has its principal attachment to the recto vaginal fascia, loses its tonicity, permits the cervix to fall forward, changing the position of the uterus, which becomes more or less prolapsed, dragging downwards the bladder, preventing its entire evacuation, thereby inducing frequent and straining efforts at urination, which causes increased relaxation and stretching of tissue, cystocele. The blood vessels having lost their support, a general venous stagnation, with its consequent engorgement of the pelvic viscera and discomfort, ensues.

The variety and complexity of vaginal and perineal tears is indeed surprising. It has always been my habit to make a careful inspection of the parts after every confinement, and I believe that I have seen almost every form that could be produced. The orthodox central lesion is the most frequent, but not by any means the most injurious. Lateral internal vaginal ruptures, that are often made with the tip of the blade of the forceps when removing it, before the head is born, are among the most mischievous. I have seen these extend from near the cervix uteri to the vaginal orifice, the outside structures being intact, and so deep that the cellular fat protruded through the gap. A superficial observer would never have detected them. An infrequent tear, of which I have seen three, is where the vaginal outlet is torn away from its attachments, being pushed forward by the head, the mucous membrane giving way just within the orifice. The most extensive one extended upward on either side, almost to the urethra and downward to the sphincter ani muscle, making a pocket-like chasm, in which the four fingers of the hand could be inserted. A small central laceration, through which the child's shoulder emerged, existed, yet the sphincter was not torn. Another most significant lesion that is often overlooked is where the muscular structures of the perineum are torn in two and the skin remains uninjured; these tears are often deep, form pockets for the retention of septic matter, do not unite but granulate and form large cicatrices and yield disastrous results to the pelvic viscera. A rare condition that I once repaired was an oblique laceration, one and one-half inches long, that existed well forward near the urethra. It bled furiously and was difficult to close. I have repeatedly seen a sub-mucous separation of the perineal structures, where the mucous membrane of the vagina and the skin on the outside remained intact.

The power to prevent many of the severe disasters to the general health that follow ruptures of the perineum and vagina lies with the accou cheur. It is his imperative duty to make a critical examination of the genitalia after every labor, and if he finds any form of rupture, it matters not how insignificant it may seem to him, for it may in some remote way produce trouble, it should

be repaired before he leaves his patient. This should be done in the most systematic and painstaking way. If necessary, an anesthetic should be given. The genital tract and adjacent parts should be most carefully cleansed and douched with an antiseptic lotion, the torn surfaces trimmed of all ragged and contused tissue, rendering the parts even and clean cut. The wound should then be closed with two sets of catgut sutures, deep and superficial, coaptating like structures. Too much care cannot be exercised in doing the operation. If properly executed the results are most satisfactory and failure will rarely follow.

When a laceration has been sustained and the evil consequences manifest themselves the case then becomes one for the surgeon's consideration, and the question that confronts him is how can a restoration be accomplished; how can the overdistended and everted vaginal tissue be replaced and the proper support be given to the pelvic viscera and blood vessels. The relaxed tissue in front, that forms a cystocele, must be removed; the separated levator ani muscles must be brought together; the retracted pelvic fascia united so as to lift the posterior vaginal wall in contact with the anterior, obliterating the rectocele and closing the gaping vulva. When all this is successfully done the normal support is returned to the pelvic viscera and blood vessels, the stagnant capillary circulation is relieved, the hyperplasiac deposits absorbed, the hypertrophied organs reduced and a healthy function restored.

The operator who does not fully appreciate the requirements of each case fails to do with it according to its individual demands, but simply endeavors to restore an imaginary perineum, a dam-like obstruction to the prolapsing structures, and will meet with disappointment in almost every instance.

The space allotted to this paper does not admit of my taking up the entire list of plastic operations upon the vulva and vagina, therefore I shall only attempt to deal with three, viz.: Removal of scars, cystocele and perineal injuries.

It is an established truth with all close observers who treat diseases of women, that cicatrices of the vagina produce both local and reflex irritation, disorder the nervous system, and thereby, more or less, impair the entire bodily nutrition; and, I will say here, for the benefit of those who oppose an immediate repair of vaginal and perineal lacerations, that it is bad surgery to leave any wound of these parts, whether it occurs during parturition or from other causes, to heal by granulation. For, aside from the ultimate injury that the pelvic viscera sustains, these reflex troubles may arise and will yield to no treatment excepting the removal of the scar. Considering the above facts, amputation of the uterine cervix or operations about the vagina ought not to be performed with either the ecraseur or the galvano cautery. The knife or the scissors should be used and the denuded surfaces covered with mucous membrane.

These scars of the vagina demand serious attention at the hands of the surgeon; they should be managed with the same care accorded laceration of the cervix. All tender or contracting cicatrices should be dissected away and the resulting wound closed with sutures. Remnants of a lacerated hymen and thickened and sensitive nymphæ sl ould be excised, excrescences about the meatus clipped away, adhesions of the clitoris broken up, and, if necessary, a V shaped piece cut from its hood.

Cystocele.—A cystocele is a pouching deformity of the anterior vaginal wall, caused by a laceration or an over distention of the structures. It contains the base of the bladder, and is gradually increased by the frequent straining at micturition, an ineffectual effort to evacuate the urine that constantly remains therein; the constant irritation increases the vascularity and causes a thickening of the walls. The condition is one that entails great suffering and is often over-looked by operators. As in other conditions about the vagina that demand repair, many devices, some of them extremely complicated, have been instituted for its correction. Its successful management is simple enough, if the requirements are fully understood. The object sought is to change the convex to a plain surface; take all the slack out of the anterior vaginal wall, but not shorten it to any great degree. No stereotyped or set rules can be laid down to govern beforehand the amount of tissue to be removed, or to designate the shape of the denuded surface.

Before beginning any of the operations for the repair of the vaginal or perineal structures, it is proper to dilate and curette the uterus, if necessary, and repair any laceration of the cervix that may exist. If the cervix be badly diseased, as it often is in old subjects, an amputation is demanded. All the required operations may be done at one sitting or divided into two, as the necessity of the case may demand. It has generally been my habit to do the operations upon the womb and anterior vaginal wall first, leaving the rectum and perineum for a subsequent time, before the patient leaves her bed.

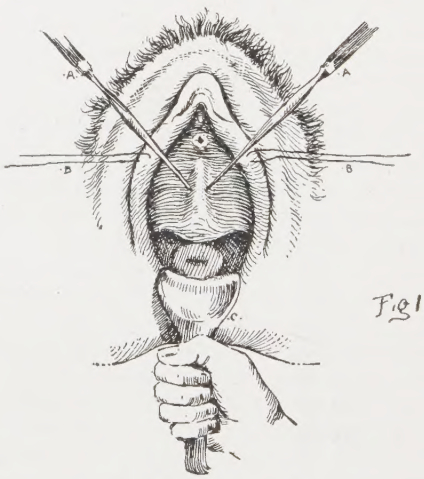


Fig 1.

With the patient anesthetized and in the lithotomy position, with the parts in an aseptic condition, the surgeon takes a sharp tenaculum in either hand, hooks them in the mucous membrane on either side of the cystocele and draws the tissue to the center, until all the slack has been taken up. (Fig. 1.) In this way he estimates the amount of tissue to be removed, and, in his mind, outlines the shape and extent of his incision. It is often the case that a urethrocele coexists, when it will be necessary to carry the dissection well up to the meatus; at times the broadest area may be near the os uteri. After making out the area to be denuded, as before described, the vaginal wall is seized in its central line by one or two pairs of T forceps, which are held and drawn forward by an assistant. (Fig. 2.) Then with a sharp scalpel, beginning down at the os uteri, an incision that

extends through the vaginal muscle is carried forward on one side along the line of election to near the meatus; another one, in like manner, is made on the opposite side. (Fig. 2.) Then, with a few strokes of the knife the loose cellular tissue which connects the vaginal muscle with the bladder is divided and the flaps removed; any irregularity or unevenness of surface may then be cut away with a pair of sharp scissors. The bladder is then evacuated with a catheter, the parts irrigated with hot water, to control the oozing, and the sutures introduced. This should be accomplished with medium sized catgut, introduced in two rows, deep and superficial. Beginning at the cervical end of the wound the needle is introduced just within the cut surface, so as not to include the mucous membrane, and made to pass straight through, across and emerging in the opposite side a like distance inside the cut surface. (Fig. 3.) A continuous or running stitch is carried in this way up to the meatus, and the end left long; commencing at thesame point, another row of sutures, that take a strong hold in the mucous membrane, is introduced. (Fig. 4.) The two ends that emerge at the meatus are tied. This closely unites the divided edges of the mucous membrane and makes a strong seam and is a successful measure. The posterior vaginal wall is then treated according to the demands of the case.

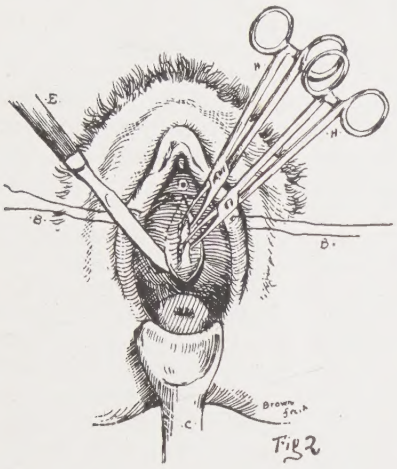


Fig 2

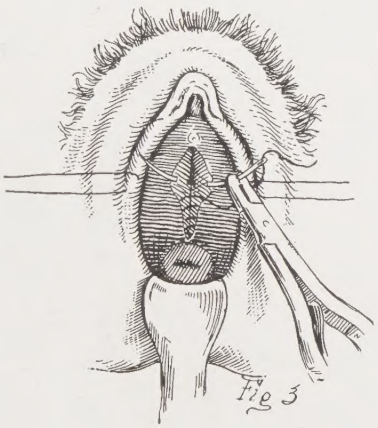


Fig 3

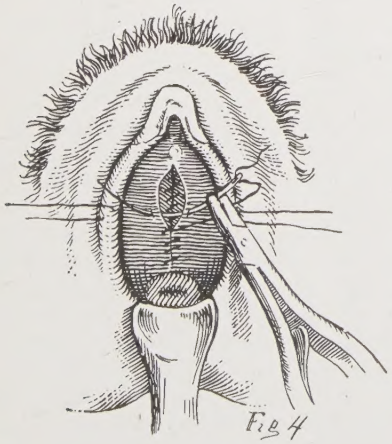


Fig 4

Various changes follow laceration in the pelvic floor depending upon the injury done; therefore a satisfactory management of the condition depends upon a restoration of the natural anatomical relation of thed arts. This cannot be done by a superficial denudation of the mucous membrane. The mucous membrane and submucous tissue down to the muscular structures must be dissected up and all scar tissue removed (scar tissue is wanting in vascularity and does not unite well), like tissue brought together and the normal contour restored. To accomplish this established operations will not answer. Every case must be a law unto itself, and the individual requirements must guide the surgical procedure. I can probably give a clear idea of my views by dividing perineal operations into three classes. 1st. Where the tear is of moderate extent and not extending far up into the vagina. 2d. Where the tear is deep, extends well up into the vagina and a resulting rectocele exists. 3d. Where the sphincter ani muscle is involved, a complete laceration.

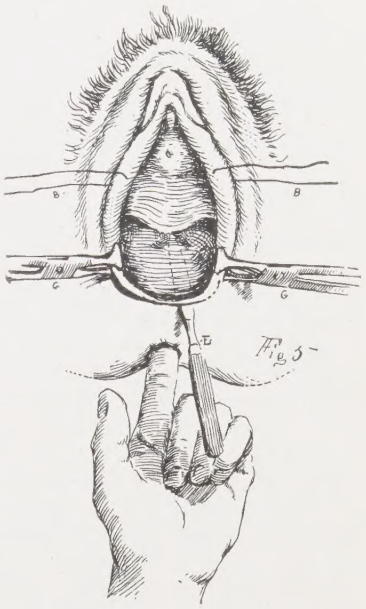


Fig 5

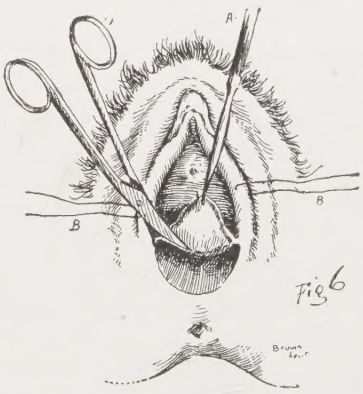


Fig 6

The operation for the first condition is simple and easy of execution. The sphincter ani muscle having been stretched and the lower bowel evacuated and thoroughly douched, the labia is seized at its mucocutaneous junction on either side, with a pair of T forceps just anterior to the point to which we intend to carry the dissection. These are handed to an assistant who puts the parts upon the stretch laterally. One or two fingers are then introduced into the rectum as a guide, while a sharp scalpel in the right hand is entered flatwise at the raphe and pushed inwards toward the os uteri, beneath the vaginal tissue to the point to which it is desired to

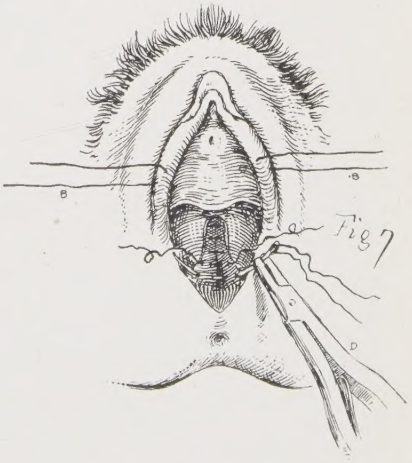
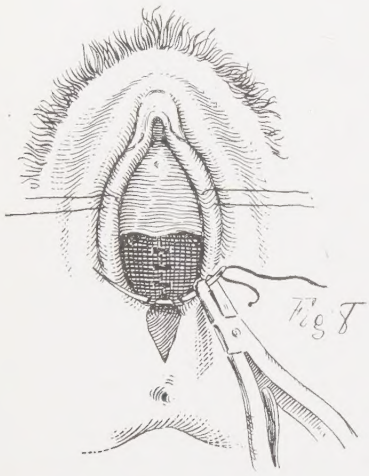


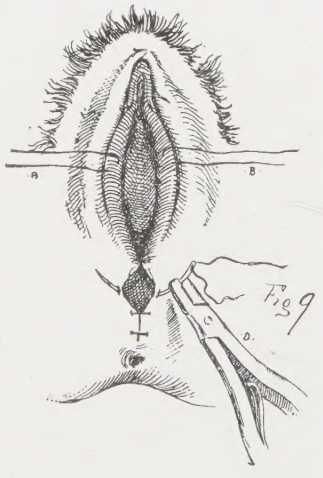
Fig 7

carry the dissection, the highest point of the tear. (Fig. 5.) With a sawing motion the flap is loosened up on either side; then with the scissors a pear-shaped piece is cut out of the flap. (Fig. 6.) With a curved needle threaded with a medium-sized catgut, beginning above, two or three deep sutures are taken at right angles with the vaginal axis, the last one lying just inside of the vaginal outlet, drawn moderately tight, securely tied and cut short. (Fig. 7.) Then beginning at the highest point in the vagina a superficial row of sutures is applied, which coaptates the mucous membrane in the vagina (fig. 8) and the skin on the outside (fig. 9); the parts are dusted with iodoform gauze for protection and drainage is applied. This is removed at the expiration of the fifth or sixth day and a vaginal douche is used every twelve hours.



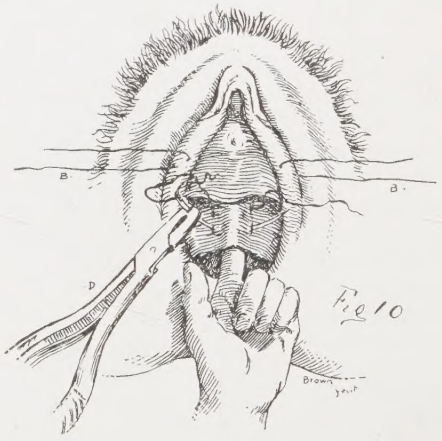
This gives a most satisfactory result. The process of healing is comparatively free from pain, there is no cutting of stitches, swelling or distortion of parts, and consequently no cicatrices and unevenness of surface, as in the older methods; and if the operation has been dexterously done, the parts present an appearance that is not distinguishable from the natural condition.

When a rectocele exists the preceding operation is somewhat modified. The dissection is carried much higher, the recto-vaginal septum is divided well up toward the uterine cervix, but the flap is only cut away as high as the internal perineal border. Beginning at the highest point at which the recto-vaginal septum was separated, a needle, threaded with a medium-sized catgut, is entered on the left side and made to penetrate the flap, carried across the space and brought out in the vagina on the right side; re-entered one-third of an inch nearer the vaginal outlet, again, passed across the space and brought out in the vagina at a like distance (one-third of an inch) from the first point of introduction. (Fig. 10.) One or two of these sutures (as may be necessary) are introduced, then tied in the vagina, bringing together laterally the cut surfaces, making a heavy ridge in the vaginal floor, taking up all the slack tissue. The outer part of the wound, from which the flap has been cut away, is then closed as in the previous operation. This procedure not only eradicates the rectocele but gives an additional posterior support.



When complete laceration of the perineum exists, greater complexities follow. The torn muscular fibres contract and atrophy from non-use, the severed ends of the sphincter muscle separate and retract; there is a thinning and stretching of the recto-vaginal wall; relaxation and sagging of the vagina, and, at times, prolapsus of the rectum. All these conditions must be considered and corrected. The operative measure adopted must be one that will establish the normal relation of the severed parts, support the pelvic viscera, relieve the over-distended circulation and restore the functional activity of the sphincter ani muscle.

From the many different methods in vogue for the repair of a complete laceration, and from the fact that I have known patients to be operated upon two or three or even four times without successful issue, leads me to think that perfection in method is yet to be desired. In fact, even in partial ruptures, I have on several occasions been called upon to do the work again where other reputable surgeons had failed in their efforts. Indeed, my successes in this line have been very flattering; I have the record of over one hundred consecutive cases without a single failure.



For the restoration of the perineum in complete laceration I have devised the following method, which, in my experience, meets all the requirements better than any other. I have now performed it many times with complete success in every instance. The healthy gut brought down protects the wound from infection, and obviates the necessity of rectal flaps and bringing stitches into the gut, with its attendant dangers of rectal fistula.

First rendering tense the the recto-vaginal septum with two pairs of T forceps in the hands of assistants, an incision is carried along the line of junction of the rectal and vaginal structures and then upwards on either side to the highest point of the tear, splitting the recto-vaginal septum and dividing the skin from the vaginal mucous membrane, after which an anterior vaginal flap is dissected up to the desired extent. The first step of the American operation is then done, viz.: the mucous membrane of the gut is seized on a line with the upper border of the internal sphincter, drawn down and divided all around by a circular incision, dissected down and removed at the mucocutaneous junction. The ends of the torn sphincter are next loosened up and secured with medium

sized catgut, uniting them accurately. If there is much tension upon the parts, two or three heavy silk, approximating ligatures should be introduced, taking a good hold on either side, as in an ordinary perineal operation. The deeper portions of the wound are then brought together with buried catgut, so as to leave no gaping spaces. The silk ligatures are tightened and tied, the flap trimmed up and the necessary catgut sutures applied. The gut is then grasped with forceps, drawn down and united all round to the skin, completing the American operation.

THE PRATT HYSTERECTOMY.

By JOHN W. STREETER, M.D., CHICAGO.
PROF. GYNECOLOGY, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

May I say a few words about the "Pratt Hysterectomy?" Any description of it should be headed "Improved technique in vaginal hysterectomy," for this is exactly what it is. The first descriptions of it which I saw were either inexactly written or carelessly read, probably the latter. I received the same impression that Dr. Southwick did—that it was complete *enucleation* of the uterus. I condemned the operation as I understood it, because it had more difficulties than advantages and because it was limited in its applicability to a very narrow field, viz.: to old women with procidentia. I also knew that the operation had been abandoned in Germany. There is not—neither can there be—any advantage in any case, in the complete enucleation of the uterus, over other and easier methods of removing this organ. I asked Prof. Pratt to permit me to see him operate, and I have had the pleasure of seeing him remove several uteri after his method. Very few men are more dexterous and none more daring. The moment I saw the operation as done by Dr. Pratt I recognized its advantages and I also became aware of the fact that to call it "enucleation" was a misnomer. "Improved technique" is what it is, and Dr. Pratt should have full credit for the improvement. He has taught us how to make this egg stand on its end. All anatomists know that only nutrient arteries enter the uterine walls, that the uterine and ovarian arteries ramify the cellular tissue just external to this organ; but this knowledge was useless until Pratt, by a sharp blow upon the table, crushed and flattened the shell so that the egg would stand up; in other words, made use of a well known fact.

All criticisms should be for general advantage and not for personal distinction, selfish ends or envious notions. If I find fault with any part of the technique of Pratt's operation each separate criticism or suggestion shall be (in my own mind) followed by an interrogation point. The woman is prepared after the usual manner, guy ropes are attached, the cervix and body well dilated and packed to make them more resisting. This is a good point, and yet I get better resistance and more complete control of the organ by attaching the guy ropes to a strong cot which is stretched over the handle of a No. 12 sound, the distal end of which has been carried to the fundus of the womb. By this method I have the organ securely fixed upon a solid rod which is capable of giving any amount of motion or resistance. The next point is to make incision of the mucous membrane completely around the cervix. Dr. Pratt's method is to make this incision very low upon the cervix; and for this I give him very hearty thanks. The advantages of this method over the semi-lunar cut through the anterior and posterior fornices, or the complete circle of the cervix at this level, are great. In the first place, we avoid hemorrhage from the azygos artery, and in the second place we are not nearly so likely to touch a ureter in the more advanced part of the work. With spud, scissors or hook-knife the membrane is lifted from the cervix and pushed up. It stretches a good deal and tears a little and by the time the supra-vaginal portion of the cervix is reached there is abundant room through which to work. The peritoneum is opened anteriorily and posteriorily as soon as it can be reached, and the lateral borders of the uterus liberated to this level by hugging the uterine tissues with scissors, knife or spud. There is little or no hemorrhage up to this point, and the work is quickly, easily and safely done. It is without doubt the best possible way of doing the work to this stage, and Dr. Pratt deserves great credit for making it so simple.

Beyond this point I want to use some interrogation marks. There is now nothing left but the two-thirds of the broad ligaments to care for and in my mind the quickest and safest way is to slip a clamp on either side and cut the organ away. The clamped tissue is small, compared with what it used to be when we left the isthmus of mucous membrane at the base of each clamp and the whole of the broad ligament in its grasp, and it will slough off and leave almost as small a scar as if cut with scissors. I look upon the clamp at this stage of the operation as a quicker and safer way of ending than the method which Dr. Pratt uses. The disadvantage of pinched nerves is to be considered, of course, but as all scar tissue is likely to pinch nerves I see no reason why the scar in the vaginal vault will not do it in one case as well as in the other, and the slough from the clamp gives almost as small a scar as the cut from the knife. As the ends of the broad ligament are brought into the vagina by the clamps they must be caught there by the healing of the vaginal vault and they will act as a decided and useful support to this organ.

The removal of the ovaries and tubes without ligature is an inovation, the credit of which belongs entirely to Dr. Pratt. It seems to me to be worthy of extended trial, as it does away with the dangers and annoyances which must arise in a certain per cent. of cases from these ligatures. The parts are left with their blood supply practically undisturbed, and they are in the best possible condition of healing.

After the uterus and ovaries are removed Dr. Pratt does very careful stitching of the peritonial edges, closing the abdominal cavity completely. The mucous membrane of the vagina is left to heal in its own way. This careful stitching requires a good deal of time and it is, in my opinion, unnecessary. I have never taken a stitch in the peritoneum or in the vaginal vault and I have never had occasion to regret that I had not. This is my method: A strip of iodoform gauze about twelve inches wide and three feet long is gradually passed through the opening, crowding up the omentum and intestines. When it has been nearly all passed through the opening, the lower third is withdrawn

so as to evert the edges of the peritoneum and vagina. This packing is "walled off" in 48 hours and when it is removed there seems to be no danger from intestinal hernia. The clamps are usually removed 12 hours earlier than the packing. Healing is rapid and the convalescence in all of my cases was uneventful. I have never had an hour of anxiety over any case of vaginal hysterectomy. Dr. Pratt has had splendid results and I am not sure that I will not follow his method in every detail within a year, but I am not ready to do this now. He deserves great credit for the practical suggestions which he has made and I believe that many an operation bears an individual name with less reason. His operation differs from Langenbeck's in technique and in object, and I see no reason for accusing him of stealing another man's thunder.

I cannot follow Dr. Pratt in all that he says or in all that he does. This may be my fault or it may be his. It is contrary to my nature to quickly accept innovations or new methods, but I have watched with great care and splendid opportunities the development of his system of orificial surgery from its inception and I am now ready to go on record in regard to it. I believe that it is the most useful and far-reaching addition to modern surgery; that it has set the medical world to thinking in as practical a direction as did the promulgation of the germ theory of disease and that in its beneficence it is only equalled by the discovery of the uses of anesthetics. Of Prof. Pratt personally I would speak as a dear friend. He has a warm heart, a pure mind, an active and fertile brain. No one can associate with him intimately without being better for the intimacy. If he is too generous and outspoken, if he wishes to yield to the profession, on the instant, the thoughts which seem of importance to him, if there is some chaff in the wheat which he puts on the market, we should make but kindly criticisms. His generosity is natural, his impetuosity was born with him, and his wheat is nutritious even though there may be some husks in it. Let him among us who has done so much for the advancement of our profession and for the relief of suffering cast the first stone.

Surgery.

EARLY OPERATIONS IN HEAD INJURIES

By WM. B. VAN LENNEP, A.M., M.D., Philadelphia.
Prof. Surgery, Hahnemann Medical College, Philadelphia.

The early recognition and operative treatment of head injuries is of such importance for the future welfare of the patient, as well as so imperative to save life, that I feel justified in again writing on the lines followed in a paper read before the Pennsylvania State Society a year ago (*Hahnemannian Monthly*, November, 1892).

Surgeons are now pretty well agreed to discard the so-called conservatism of the past, and to follow a more aggressive course. In this way many lives are saved which would be lost not only by no operation, but even by a delay. In this way, too, are prevented those secondary changes, producing phenomena, the cure of which when once well established is a very doubtful question. I am satisfied that these conclusions cannot be too frequently or too forcibly brought to the attention of the general profession.

Furthermore, success, both immediate and remote, in the treatment of these cases depends on a thorough, primary, antiseptic purification and occlusion, and, in operating, on an aseptic condition induced by a conscientious and ever-vigilant attention to the minutest antiseptic details.

During my last term of service at the Hahnemann Hospital, eight cases of recent traumatism of the skull were treated by operation. This of course excludes those trephinings for the more remote effects of injuries which are only too common, and those for other causes. There were seven recoveries and one death, and the cause of death in this case is so significant when contrasted with the result of the other seven that it may not be amiss to report them as one more plea for early and more general surgical interference in cranial injuries.

(I) E. C., age sixteen, admitted March 3d, 1893. He had fallen down a flight of steps, striking his head against a furnace. There was a superficial, lacerated wound of the left temporal region, with extensive contusion of the surrounding tissues, and of those about the left orbit. He was stupid, and could only be aroused with difficulty; he vomited several times. No other symptoms, beyond occasional excitement and restlessness.

The wound was cleansed and occluded antiseptically until the next day, when he was operated on. An incision was carried along the line of the eyebrow, then upward into the temporal fossa to the hair-line, whence it was, later, brought down in front of the ear. In this way a flap was turned up on the forehead and down in the temporal fossa. Under the lacerated wound a large hematoma was turned out, and following this, a depressed, comminuted fracture of the wing of the sphenoid was found, which involved the adjoining portions of the parietal and frontal bones. The bone was trephined, the depression elevated, and a number of fragments removed, one of which had perforated the dura and entered the brain.

The wound was sutured, drained with a strip of iodoform gauze, and iodoform and bichloride dressings applied. The gauze drain was removed on the third day, and the wound healed throughout without reaction or pus, the highest temperature being 99.6° once. The mental condition improved gradually until the first dressing, when it became normal, after the removal of the gauze drain had given vent to quite an accumulation of bloody serum. He was discharged well two weeks after the operation.

(II) M. O'D., age fifty-two, admitted March 25, 1893, in an unconscious condition. He had fallen from a building striking the left side of the head. There was an extensive lacerated wound of the scalp, behind and below the parietal eminence, through which a fissured fracture, with some comminution, could be plainly seen.

After scrupulous disinfection the outer plate of the skull was chiselled off on both sides of the fracture. The inner table being found intact the wound was closed and dressed in the usual manner. By the next morning he was thoroughly conscious, and he was transferred to the outpatient department on the fourth day. The tem-

perature reached 100° on the second day, but union took place without reaction or pus.

(III) W. C., age fifteen, admitted April 14, 1893, in an unconscious condition. He had been kicked in the face by a horse; the upper jaw was fractured, all the upper front teeth being knocked out; the cheek was torn for a couple of inches outward from the angle of the mouth, and there was a lacerated wound over the left eye. The wounds were disinfected, closed, and dressed at once, the one in the forehead being superficial. There was profuse and persistent epistaxis.

He recovered consciousness, but acute delirium supervened, and the next day the frontal bone was laid bare, revealing a depressed, comminuted fracture. The trephine was applied and the fragments removed, including a part of the inner wall of the frontal sinus, which was comminuted. The fracture was followed with the *rongeur* forceps into the squamous plate of the temporal. The dura appearing very dark at one spot, it was incised with the expectation of finding a clot, but with a negative result. This was closely sutured, and the scalp wound partly closed, a considerable portion being left open and packed on account of the crushed condition of the tissues.

The mental excitement was slow in improving, considerable irritability persisting up to the time of his discharge, at the end of fifteen days. There were no wound complications, however.

(IV) H. McK., age sixty-seven, was struck on the head with a bottle and walked to the hospital, July 9, 1893, conscious and perfectly rational. There was a contused and lacerated wound of the scalp, close to the right parietal eminence. On enlarging this to examine the bone a compound depression, about the size of a half dollar, was found, the fragment being not only driven downward, but under the surrounding bone. The trephine was applied, the depressed bone removed, the opening trimmed smooth, and the scalp closely sutured.

He was kept in the hospital twelve days, because he made himself invaluable as a ward assistant, but he showed no brain symptoms, and the wound healed without pus and without causing the slightest temperature variation.

(V) J. K., age twenty-two, admitted July 15, 1893. He was struck on the head by a passing train while working on the railroad, and sustained a contused wound of the scalp about two inches long, anterior to the left parietal eminence. The wound was immediately cleansed and dressed. He was operated on the next day, the indicatons being a slowly intensifying, mental hebetude, and a rapidly rising temperature to above 101°, for which no other cause could be found, and which naturally led us to suspect extra-dural hemorrhage.

On enlarging the wound a compound, fissured fracture was exposed, which was found to extend through both tables. After removing the trephine button a good sized extra-dural clot was turned out. The dura was intact. Suture, drainage, and dressings as usual. The mental condition at once cleared up, and the temperature fell to normal. The wound healed *per primam*, and he was discharged cured in twelve days.

(VI) P. J. B., age forty-seven, admitted July 25, 1893. He had been struck by a passing carriage when getting off a cable car. The whole left side of the face and head were badly contused and enormously swollen; there were three dirty lacerated wounds of the forehead, the temporal region and behind the ear. The contents of the left orbit were much swollen, there was marked subconjunctival ecchymosis and profuse persistent epistaxis. The man had been a great sufferer from asthma, and so serious was this condition that we hesitated to use an antiseptic. To this was added a bad heart.

The wounds, head and nose, were appropriately dressed and the patient carefully watched. No symptoms developed beyond a mental dulness, which might have been the patient's natural condition. The temperature, however, rose to 102°, and on the third day it was decided to explore the skull. No fracture could be felt, as is usually the case, on account of the great swelling. The whole left side of the frontal bone was crushed, including the outer wall of the orbit and the frontal sinus. The comminuted fragments were removed and the bone edges trimmed smooth. The wound was closed and dressed as usual, and healed by first intention. The highest subsequent temperature record was 100.4°. Some weeks later a strand of silk (buried suture) worked its way out. He was discharged two weeks after the operation.

(VII) J. S., age twenty-nine, admitted August 1, 1893. He had been struck on the right side of the head with a brick in a drunken brawl. The whole temporal fossa was swollen, there was a superficial lacerated wound below and anterior to the parietal eminence, and bleeding from the ear. The wound and ear were cleansed and occluded, and the patient slept well through the night, awaking sober and perfectly rational. The temperature, however, was up to 101°, and the skull was accordingly explored.

A comminuted, depressed fracture of the squamous and parietal was found, trepanned and removed, leaving a gap about 3½ inches square. The dura was lacerated and required suture. The wound was closed, dressed, and drained as usual. He recovered without head symptoms or suppuration, and was discharged in three weeks.

(VIII) E. B., age sixty-seven, admitted August 12, 1893. The day before he had been thrown from his wagon, and was taken to another hospital, whence he was sent to the station-house as a "drunk." Here he became stupid, and then violently delirious.

Examination showed a fracture of the right clavicle, and persistent bleeding from the right ear, behind which was a small, dirty, contused wound. He was comatose, could not be aroused, and did not recognize his family. He was very restless, muttering or crying not all the time, and made frequent attempts to get out of bed, and break away from restraint. He vomited, and passed his urine involuntarily.

On drawing apart the edges of the wound, a fissured fracture was found. This began in the squamous portion, about two inches above and behind the ear, and ran into the mastoid cells and bony meatus. It was comminuted at one point, one fragment being depressed and perforating the dura. The membranes were intensely congested. The parts were thoroughly disinfected, the wound lightly drawn together, with abundant gause drainage, and the usual dressings applied.

His condition did not improve, the symptoms intensifying until his death, a little over twenty-four hours later. The autopsy showed a diffuse, suppurative meningitis.

In several instances I have stated that the operation was undertaken the next day. This was usually due to the fact that the patients were brought in during the night, the house surgeon carried out rigorous disinfection and occlusion, and the attending surgeon saw them for the first time the next day.

I have also referred in describing these cases to the "usual" dressings, suture, etc. A word of explanation may not be out of place, although our methods of treating wounds have been described at length by my colleague, Dr. Northrup, jr., attending surgeon to the Hahnemann Hospital. (*Hahnemannian Monthly*, December, 1893).

The seat of operation and the hands are prepared by mechanical and chemical purification; scrubbing with soft soap and a stiff brush, and disinfection in sublimate solution. Greasy surfaces are also scrubbed with carbolic solution.

The dressings are sterilized by steam in the Arnold cooker; the instruments, by boiling in carbonate of soda solution.

Silk is boiled and kept in sublimate alcohol; catgut is boiled in alcohol and kept in the same.

Sutures in the scalp are either buried and continuous, catgut, or, preferably, fine silk being used, or silk wormgut interrupted, including the whole thickness of the scalp.

If a wound is absolutely sterile and not likely to ooze, it is dusted with iodoform (1), boric acid (3), and corrosive sublimate (1.500), and covered with gauze fresh from the sterilizer. If there is any doubt as to the sterility of the wound, or if oozing is expected, it is covered with iodoform gauze wrung out of bichloride solution, then sterilized gauze similarly treated, and finally sterilized sheet cotton.

The dressings are changed rather frequently; at least twice a week in the absence of indications, *i. e.*, suppuration, rise of temperature, or pain, for comfort and for observation. Occasionally a localized infection can thus be found and arrested before it has given rise to constitutional disturbance. In this way rapid wound healing is promoted, and both the patient and the over-crowded hospital are benefitted.

If localized infection has taken place, it is vigorously combated with mechanical and chemical measures; frequently changed, wet bichloride dressings; or evacuation, cleansing with peroxide of hydrogen, disinfection with bichloride of mercury, curetting, and secondary suture. It is but simple justice to say, however, that in wounds treated on these lines suppuration is the notable exception, primary union the rule. When infection does occur, laxity in discipline in the antiseptic "team work" of the clinical corps is the cause.

It seems to me that there is too much laxity in the treatment of head injuries in every-day routine practice, both in private and in hospitals. I have in consequence reached what may seem rather radical conclusions, and it has become an inflexible rule with my house surgeons that no head bruise or wound can be let go without the sanction of the attending surgeon. I am free to confess that many are the patients who have been housed for forty-eight hours or more without cause, as it afterwards appeared, and many are the scalp wounds that have been enlarged and deepened to find only an intact skull. But what are such detentions, or such antiseptic incisions, when compared with even one life saved by such a course.

The principal trouble, to my mind, seems to be in the attempt to perpetuate the delusive classification which divides head symptoms into "concussion" and "compression;" unfortunately, all cases which are not practically moribund are apt to be placed in the first class and let alone.

Not long since I saw a case of so-called "concussion." The patient had fallen, striking the right side of the head, which was swollen and boggy; she lay in a quiet stupor, occasionally moaning, and had been in this condition for three days. She could be aroused, but immediately relapsed. There were no other symptoms; normal pupils and sphincters, normal reflexes, no stertor, etc. On incising the scalp a fissured fracture was found, running obliquely downward and forward across the temporal fossa, and probably continuing to the base of the skull. At one point it was comminuted and depressed. She is making a good recovery.

This is the text-book picture of concussion, rather than of compression, and yet no one could doubt the life and mind saving effect of trephining after noting the progress following the operation.

It seems to me we should discard these terms entirely, and go to the extreme, if you choose so to call it, that every case of disturbed mental equilibrium following an injury, no matter how slight, demands the closest investigation, and, unless very transient, surgical interference. The latter would be guided by wounds, bruises, or localizing symptoms.

It may not be amiss to say just here that I have avoided as much as possible, in this paper, symptomatic and technical details, my object being to bring out the every-day, practical "working points."

The slightest head injury then should be closely observed, symptoms or no symptoms.

Mental disturbances, and those of motion, sensation or special sense, call for surgical investigation; that is, exploration of the skull, unless very transient. If of a localizing character, they call for trephining, even in the absence of skull lesions, and for incisions of the dura, the dangers, with an antiseptic technique, being hardly worthy of consideration until this membrane is opened.

Wounds of the head, whether of the scalp or shown by persistent epistaxis or bleeding from the ear, demand immediate and most scrupulous purification, mechanical and chemical, and antiseptic occlusion. In this way alone can the terrible mortality of compound fractures be avoided. As a rule it is safer to enlarge wounds of the scalp and examine the skull before closing them.

Whenever a fracture is found it should be trephined, the only exception being, perhaps, a fissure without symptoms. This calls, at least, for a chiselling off of the outer plate for the purpose of purification and to discover the condition of the inner table.

By following these lines we will save many

lives, prevent subsequent complications, and have fewer chances to fail in attempting to relieve the latter.

Neurology.

MOGIGRAPHIA AS AN INITIAL SYMPTOM IN ORGANIC BRAIN DISEASE.

BY GEORGE H. MARTIN, M.D., SAN FRANCISCO, CAL.
PROFESSOR OF NERVOUS AND MENTAL DISEASES, HAHNEMANN HOSPITAL COLLEGE.

The term mogigraphia (*mogis*, with difficulty, and *grapho*, I write) was generally used to designate a symptom of that well known but rare disease, "writer's cramp." When I say "somewhat rare disease," I do so advisedly, because a pure case of writer's cramp without complications is rare.

This fact has been made more apparent to me of late by the appearance at my clinic and in my private practice of two cases of undoubted organic brain trouble which had been diagnosed by several physicians as "writer's cramp." This mistake was made because due consideration was not given to some very important symptoms which were most noticeable and put an entirely different aspect upon the cases.

In order to properly differentiate between these conditions let us first briefly consider "writer's cramp" and its various manifestations.

This disease is perhaps the most common of the so-called occupation neuroses of which piano player's cramp, gold beater's cramp, cigar maker's cramp and telegrapher's cramp, are other varieties. They are all of a class of occupation which require a constant and long continued coördination of certain sets of small muscles, to the almost entire exclusion of other muscles of the body. The difficulty may show itself by the manifestation of either motor or sensory symptoms, or a combination of both. There may be—1st, a simple weakness of the muscles of the hand and forearm which allows them to become easily fatigued after writing a little while. This fatigue will gradually increase until it becomes so great that upon continuing the attempt to write the arm will fall powerless to the side. This is commonly known as pen paralysis or pen palsy, or scrivner's palsy of some writers. 2d. The pen may be held in the proper manner and the patient feel confident that he will be able to write, but the moment he attempts to do so there is a violent trembling of the hand and the letters are so shaky that it is not possible to decipher them. He will grasp the pen more tightly, and perhaps use all the muscular effort in his power to steady his hand, but without avail, and finally gives it up from pure exhaustion. This is the tremulous variety and is rarely manifested, unaccompanied by spasms. 3d. After writing for some time a painful sense of fatigue is felt in the muscles, accompanied by a dull, heavy ache, which commences in the fingers, extending to the hand, wrist and forearm, and finally passing up to the shoulder. If writing is persisted in the pain becomes so great that it is almost unendurable. It will be most severe along the course of the median and musculo-spiral nerves, with here and there tender points which are exceedingly sensitive to pressure, thus making it distinctively neuralgic in character. In the beginning of the trouble the pain will be relieved when the writing is stopped, but as the disease progresses it may persist for hours or many days afterwards. This is the neuralgic form and is not only the most painful, but is very likely to occur with other movements of the hand than writing. 4th. The real writer's cramp, "graphospasms," is an entirely different condition from the above mentioned form, and the symptoms are more in harmony with the name. It is also the most frequent, and there is no mistaking it for any other disease. It usually comes on gradually The patient notices first that after writing a little while he unconsciously grasps his pen more firmly than usual, at the same time it does not move along as freely as it should. The letters become irregular; some are too high and others are too low, and the down strokes particularly are shaky. His index finger frequently slips from the pen, which then falls between it and the second finger. By holding it in this manner he tries to overcome the difficulty, and for a time succeeds. After a while, however, his hand, wrist and arm become painfully tired, and he has to give up frequently to rest. This condition of affairs may continue for weeks or months, when he notices there is a distinct spasm of the fingers, hand and arm, which gradually increases until he is absolutely unable to write a word without the utmost difficulty. The spasm is tonic, very rarely clonic.

By this time the patient is made painfully aware of the fact that all writing must be stopped, and if he earns his living by his pen, as is generally the case, he finds that that means of gaining a living is gone, and he is greatly disappointed thereby, which materially tends to increase the difficulty, and he goes on from bad to worse. There is no spasm when attempting to use the hand for any other purpose than writing, and it ceases when the writing is discontinued.

Sometimes the patient will educate himself to write with his left hand, and may be able to go on in that way for quite a period of time; but sooner or later that hand will also become involved and he has to give up altogether. It does not require anything like the time for the disease to develop in the left hand that it did in the right, which is a fact of great importance when considering the pathology of the disease.

These are the symptoms of this painful condition. The etiological features of the disease are many, of which continued writing is the most prominent; but back of this there is always a neuropathic history, with, perhaps, a history of great mental anxiety and over-work, which has so reduced the patient's general health that he is susceptible to these conditions. The pathology is *nil*, for no pathological changes have been found after death in the few recorded cases that have been examined.

There are many theories as to the nature and location of the lesion. One author claims that it is an affection of the muscular system only, or of the terminal place of the nerves. This can hardly be so, from the fact that when the left hand is used it will become affected in very much less time than was required for the right. If the trouble was in the muscles it would take nearly as long for the disease to develop in the left hand as it did in the

right, only making allowance for the fact that the left hand is not usually as strong as the right, on account of the greater use of the latter. Others claim that the spasm is due to reflex action, the result of the stimulation of the sensory nerves in the action of writing. This argument to be true must assume the presence of a hyperesthetic condition of the fingers of the hand preceding the spasm, which is not usual. Others, again, claim that there is an irritability of the ganglionic spinal cells, which have been produced by over-work. That, however, would not account for the cases of mogigraphia without spasms.

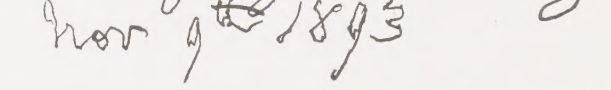
The weight of authority to-day seems to be on the side of a central lesion in the cerebral cortex. Some assume that there is a coördinating center for writing; but it is not necessary to make these assumptions in order to carry out the idea. For, in every movement, many nerve cells, situated in various motor areas of the brain are called into use, and there is no more necessity for a special center for writing than there would be for any one act. Any muscular movement which is undertaken is at first difficult to perform, but as it is repeated over and over again it becomes more easy of accomplishment, until, finally, it is done mechanically, *i. e.*, without thought. The nerve energy has first to overcome a certain resistance along new lines, but as it again and again travels over these lines the resistance becomes less and less until it requires but very little effort on the part of the nerve cells to generate the energy which is necessary to send the impulse in the proper direction; but the nerve cells only send out enough energy to perform the required functions properly. If, however, from over use, the cells become irritable, too much energy may be liberated at one time, and a spasm will be the result. In other words, we have what is termed a condition of irritable weakness; if, on the other hand, a greater demand be made upon the nerve cell than it can bear, its energies will be quickly exhausted and paresis or paralysis will be the result.

Now the cells which generate this nerve force we know are situated in the cortex of the brain. This would be one fact in favor or a central lesion. The fact, too, that the left hand becomes so quickly affected when it is used for writing after the right becomes involved would also go to prove its central location.

Many cases of brain disease illustrate the fact that one part of a hemisphere cannot be affected without its corresponding part in the opposite hemisphere also being affected sooner or later, by the irritation passing along the commissural fibres of the corpus callosum, and this is evidently just what occurs in these cases of bilateral writer's cramp.

The cases which I wish to relate will, I think, help us in coming to some conclusions in this matter, and it is because I wish to draw conclusions by comparison that I have thus fully discussed writer's cramp before touching upon the real subject of the paper.

Mr. C., 58 years of age, came to my clinic two months ago, suffering with what he termed was "writer's cramp." The first thing I had him do was to write, which he did, with the result that you see following

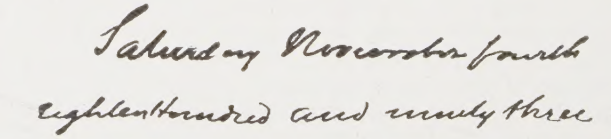


His history, I found upon examination, was this: He had been a book-keeper for 35 years. Four years ago he first noticed that he had considerable difficulty in holding his pen properly, it would fall out of his hand, but more on account of seeming weakness than from spasm. He found, however, that by grasping the pen more tightly he could write fairy well. After two years from the onset of the first symptom he noticed that his hand was getting "shaky," and that it was only with great effort that he could write at all. This condition of affairs continued to increase until 1½ years ago, when he was obliged to give up his occupation.

He was told by many physicians that he had "writer's cramp." I found upon questioning him that there had never been any painful spasm of the hand or fingers, only the excessive tremulousness. I noticed that in speaking his voice trembled in about the same manner that his writing appeared; in other words, it too was shaky. Upon protruding the tongue, I observed great tremulousness of it. The pupils contracted normally to both light and accommodation; there was no swaying when standing with the eyes closed and the feet together. The patella reflex in both limbs was somewhat exaggerated. In all other respects he seemed to be in a perfectly healthy condition. I believe the case to be one of disseminated sclerosis of which the mogigraphia was the first symptom, the others following in due course of time.

The second case was of a different nature, and yet belongs to the same general class.

Mr. O., 42 years of age, came to my office suffering, as he said, with writer's cramp. He had been told by a physician that that was the trouble and he had been referred to me for treatment. He also was a book-keeper by occupation, and has been for 20 years. Upon requesting his to write, he did so, and a facsimile of that writing you have before you:



It was with the greatest difficulty that he was able to write these lines, and it took him some time to accomplish it. The characteristic of the writing is its fineness with a tendency for the letters to become smaller and smaller, and if he had continued much longer it would have ended in a straight line. There was considerable pain in the hand and forearm, even after writing these few words.

He is still keeping books, but he always guides his right hand with his left, and in that way gets along fairly well. There is no apparent weakness of the hand, and yet there is a tendency towards contracture, as in the case of hemiplegia.

Upon examination I found a slight drooping of the right side of the face, which was not observable unless looked for carefully, on account of his

head. I also noticed that when walking there was a slight drag of the right foot and leg. Upon asking him how long these symptoms had been in existence, he said that he did not know, as he had never noticed them before. He also complained of some numbness, beginning in the fingers and toes and gradually extending up the arm and leg on that side.

As the symptoms are still in their incipiency I am not yet positive as to the diagnosis, but I believe it to be a growth in the left cerebral hemisphere in some portion of the centrum ovale.

These two cases will be enough to illustrate the existence of mogigraphia as a beginning symptom of organic brain disease. There are many forms or organic nervous troubles which have difficulty of writing and change of hand-writing as a symptom sometime during their course; but whenever these symptoms occur unattended by others, we must withhold our diagnosis of "writer's cramp" until such a time as we are satisfied that it is only a symptom and not a complication of some other disease. This may require years of time, but if we are aware of these facts we will keep the case under observation, if possible, and thereby be able to help our patient a great deal by guiding him in his manner of living and occupation, and giving him the proper Homeopathic remedies to retard the disease as much as possible and perhaps to cure it.

Materia Medica.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M.D., New York.

Hydrocotyle asiatica is highly recommended by Hughes in malignant ulcers of a spreading tendency, and its use was recently verified by Dr. Villers, of Dresden, in a similar condition on the foot, wherein *Graphites* had produced a considerable improvement, but was not able to cure. Here *Hydrocotyle* was prescribed with excellent result.

Anacardium orientale.—Dr. E. S. Breyfogle, in the *Pacific Coast Journal of Homeopathy*, Nov., 1893, reports an interesting incidental proving of this drug. Among the noteworthy symptoms produced were: A sudden sense of complete prostration, his legs became suddenly so weak that he had to hold to something for support. There was a vesicular eruption on the mucous membrane of the mouth, on the wrist and ankles, with itching and burning, worse from scratching. This eruption was especially bad about the arms. There was a sensation as if a particle of food was in the esophagus and he had to swallow constantly. The first dilution was given and produced these symptoms.

Sulphur iod. is, according to the *Allgem. Hom. Zeit.*, a powerful anti-scrofulitic remedy. It has been found useful in chronic affections of the pharyngeal and nasal mucous membrane in scrofulous throat affections. It improves these by building up the constitution.

Valeriana off.—In nervous troubles, caused by over-work of mind and body, especially in hypochondriacal and hysterical subjects.

Thuja is recommended by Kaposi, of Vienna, as an external application for warts and condylomata. It does its work just as well when given interally.

Ferrum iod.—Ozena, when due to scrofulosis and cases of scrofulous anemia, sometimes will find in *Ferrum iod.* the remedy indicated by the totality of the symptoms, if the pathological condition be taken into consideration—as it should be—in making up that totality.

Natrum mur. has fever blisters on the lips like pearls—a pathological condition—always reminding of the drug, and taken into consideration when making its totality.

Capsicum.—Old dyspeptics who cannot eat their food unless it be well peppered.—*Cartier.*

Mercurius iod. ruber cured a case of phagedenic chancre which had resisted treatment with *Mercurius sol.* and *Iodium* for some time.—*Kunkel, Kiel.*

Platina and Aurum are two important remedies for neurasthenia, and must be carefully distinguished. *Aurum* has doubt and anguish, with suicidal inclination; there is no joy to be had out of pleasures of life, but a constant longing for death. *Platina* has increased self-importance, inclined to be sorrowful and to weep, but without dispair; the great difference from *Aurum* is the fact that death horrifies the patients, and they cannot bring themselves to do anything.

Carbo veg. cured a case of sciatica which, during the day time, pained considerably, but which was especially excruciating from commencing darkness till morning, driving the patient from bed and greatly weakening her.—*Archiv. für Hom.*

Plumbum is oftentimes useful in cases of renal colic, being chosen from its well known action on the kidneys, and it is not always necessary to have the characteristic retraction of the abdomen present for it to be indicated.—*Ibid.*

Arsenic iod. cured a case of lupus of the face for Mieschner, reported in the *Archiv. für Homöopathie*, Oct., 1893.

Palladium. Stannum and Strontium are three metals having in their pathogenesis a gradual increase and decline of pains.—*S. A. J.*

Strontium carb.—Dr. S. A. Jones, in a paper read before the Saginaw Valley Homeopathic Society, entitled "Illustration of Law in Therapeutics," reported a most interesting case of eye trouble. The guiding symptoms were: "On attempting to read the letters began to 'dance;' continuing to look at them they turn of a blue color, and the blue is bordered with red; there was marked aggravation from cold and relief from warmth; the pains appear slowly and disappear slowly; there was great aggravation from looking intently, and the patient was decidedly psoric." The requirements of *localities, sensations, conditions of aggravation and of amelioration and concomitants* were taken into consideration in making the prescription. *Belladonna, Stramonium, Strontium* and *Sulphur* have flickering vision, and the blue and red chromopsia, but only *Stramonium* and *Strontium* have the *red bordered* chromopsia. *Stramonium* is worse from warmth and better from cold and light, and there is relief from looking intently, all of which excluded this drug. Only *Sulphur* and *Strontium* are antipsorics, so the choice was narrowed down to *Strontium*, which was also found to correspond to other symptoms present, and the cases were speedily cured.—*Minn. Hom. Magazine.*

Magnes phos. has again been verified in facial neuralgia, where the characteristic *relief from external heat* was present, this time by Dr. C. W. Butler, of Montclair, N. J., who cured a case by the c. m. (Fincke) potency. Tearing, right-sided pains, intermittent in character, with the above amelioration, are characteristic of the drug.—M. H. M.

Practice of Medicine.

MEDICAL CENTURY CLINIC.

The readers of the Medical Century are especially invited to contribute freely of their practical experiences and helpful suggestions for this department of the journal. Materia medica mites, practice pointers, surgical splinters, gynecological gems, etc., short, sharp and to the point, are desired in abundance. "Brevity" is the shibboleth.—Ed. Medical Century.

Puerperal Mania—Veratrum viride.—Mrs. G., æt. 26, multipara, previous health good; says she was insane three months after the birth of her last child. Mother died insane. Was confined at 7 A. M., August 7th. Progressed normally until the morning of August 10th, when she complained of slight headache; temperature and pulse normal. At 8 P. M. I was called and met by patient with a tirade of abusive language. She was then in a state of violent mania, shaking as if in a severe chill, but said she was not cold. Temperature in the axilla 107 2-5°; pulse absolutely uncontrollable; lochia normal; no abdominal tenderness. I gave *Veratrum viride* tincture, in drop doses, every fifteen minutes and ordered frequent sponging with hot water. At nine o'clock the temperature was 107°; pulse about 180. At ten the patient was more quiet; temperature 106°, pulse 160. I left with instructions to continue the medicine every half hour and sponge frequently. On August 11th, at 8 A. M., the patient was perfectly rational, the temperature and pulse were normal, and have so continued, making a good recovery. Malcolm G. Violet, M.D.

Waukesha, Wis.

Purpura Hemorrhagica—Rhus tox.—The patient is an inmate of the industrial school for boys; aged 16 years, previous health good. Had been doing squad work on the farm when he was seized with rheumatic pains in the legs, followed by rapid swelling and other symptoms of acute inflammatory rheumatism. In a few hours hemorrhagic spots, varying in size from that of a shot to a ten cent piece, appeared, first about the ankles and extending upwards, covering the limbs and trunk, followed by repeated epistaxis. *Rhus tox* being the indicated remedy for the rheumatic condition it was given, in the 3d dilution, and was followed by steady improvement, completing the case. There was no other medicine nor local application prescribed. Malcolm G. Violet, M.D.

Waukesha, Wis.

Ice Water in Pneumonia.—On February 21st I was called to see Willie M., aged 14 years. The patient, a robust youth, had contracted a cold resulting in the early appearance of marked symptoms of pneumonia. The lower portions of both lungs became involved as evidenced by auscultation and percussion.

Quickened respiration and pulse, with marked oppression in pulmonary region, severe cough accompanied with heavy pain in lungs and rapidly rising temperature were sufficient warning that prompt action was demanded. The usual Homeopathic remedies were given for three days, but the patient continued to grow worse. Becoming convinced that something more must be done or our patient would die, I re-studied my case carefully and prescribed as best I could along the line of *similia*.

In addition, I prescribed the application to the lower half of the anterior surface of the chest flannel cloths wrung out of ice water, the same to be changed every half hour for twelve hours, then every hour for twelve hours. I attended to this myself for one hour, changing cloths every ten minutes. At the end of that time the temperature had fallen one degree.

Upon making my call the next day I found marked improvement, which continued, the patient making a perfect recovery in due time. My experience in the application of ice water to the chest in pneumonia is limited to this case; but the action was so prompt and efficient in arresting an alarming condition that I report the foregoing in outline, thinking possibly I may thereby assist some one else in his battle with this dread disease. J. B. Dunham, M.D.

Wenona, Ill.

Deficient liquor amnii.—Case, multipara, age 32, large, strong and healthy, pregnancy uneventful. Abdominal development not as great as would be expected at full term in a woman of her physique. The usual inquiry concerning the discharge of fluid was answered in the negative, there having been no discharge whatever. At my first examination I was able to determine the position, occiput left anterior. Found the os uteri pretty well dilated, but could distinguish no "bag of waters." Pains were frequent and propulsive, and at a subsequent examination I found a very slight distention in advance of the head and ruptured the membranes with my fingernail, when there was discharged not more than a teaspoonful of fluid. Labor progressed slowly, the pains being powerful, but the large head advancing slowly on account of its size, and perhaps also on account of lack of moisture. After more than four hours of hard work in the second stage of labor a nine pound boy made his *debut* in a musical part, but he brought no water after him, and very little blood. The puerperal stage was passed with no untoward symptoms. E. W. Boardman, M.D.

Parsons, Kansas.

The Pratt Hysterectomy.—While Dr. Pratt's achievement in devising the bloodless hysterectomy, as described in language which the culture of Boston cannot understand, is so grand as to seem to indicate that there is nothing to be added thereto, yet I see in the contributions of our great gynecological surgeons almost weekly evidence of its importance. For instance: Among the latest is the statement that in every one hundred operations for extirpation of the uterus, whether by laparotomy or per vaginum, a ureter is tied in three of the cases. Now, should the ureter of a sound kidney be tied and the other kidney be damaged or absent death would necessarily result. Here is a saving of three lives from this one cause, a saving of three per cent. over any other removal operation. This is a point worthy of some atten-

tion, and its importance but adds to the importance of Dr. Pratt's recent achievement.

Little Rock, Ark. E. D. Ayers, M.D.

Sebaceous Tumors of Scalp.—I notice in a late number of the Medical Century an operation for tumors of the scalp, the same that I saw done 41 years ago. My way is slicker, and as the Century is intended to be a helpful journal I will tell your readers how I do it. Form an elipsis over the long diameter of the tumor of sufficient width to remove the redundant tissues so the remainder can be coapted nicely. This will furnish room enough for the easy removal of the tumor, which is brought out by a little traction and the turning of a tenaculum inserted previously. The integument within the elipsis is adherent to the tumor, so the only dissection is the two cuts in making the elipsis.

Little Rock, Ark. E. D. Ayers, M.D.

Sciatica—Bryonia.—I recently met with a case of excruciating sciatica in the person of a maiden lady of fifty years, a long, scrawny, illy nourished female of the genus rheumaticus, who was suffering agony when I was called to see her, the pain extending along the course of the right sciatic, being intensely aggravated by motion, and having been incurred from exposure to the lake breezes while overheated from visiting the exposition, the characteristic symptom of the case being an aggravation of the most agonizing character from every attempt at moving the limb. *Bryonia* was given in the third decimal attention, a small powder, with instructions to repeat every two hours as long as the suffering continued. The one dose relieved so completely that no more was taken. The recovery was sharp, decisive, complete. It was a case that would have had *Morphine* at the hands of an Allopath and *Phencatine* at the hands of the too liberal Homeopath.

4018 Drexel Boul., Chicago. C. E. Fisher, M.D.

Chronic Diarrhœa — Antimonium crudum. — Don't overlook *Antimonium crudum* in chronic or obdurate diarrhœa. It is the remedy of all remedies which helps me out after *Podophyllum*, *Pulsatilla*, *Mercurius sol.*, *Nux*, *Phosphorus*, or other indicated remedy relieves but fails to thoroughly cure. The *Antimonium* diarrhœa is worse in the morning, is pasty, not especially foul smelling, the stools are not frequent, but they do not become consistent. There is some rumbling, especally before stool; the tongue is generally coated white; the thicker the coating the more the *Antimonium crudum* is the case; there is anorexia, satiety, almost a *Lycopodium* fulness after eating bread, toast, or other food having a tendency to sour on the stomach. I give the remedy in the sixth attenuation, repeating it as the case demands. C. E. Fisher, M.D.

4018 Drexel Boulevard, Chicago.

Facial Erysipelas—Belladona.—I recently had an excellent result in a case of facial erysipelas, from *Belladonna*. The patient was of Irish descent, and, by the way, this remedy should always be thought of in connection with the ailments of this fiery nationality—tall, slender, past middle life, had had numerous attacks of facial erysipelas, lasting, as a rule, two or three weeks. Present attack came on after a long and fatiguing walk followed by exposure to sharp draughts of lake breeze, and the face was aglow with the eruption when first seen. It was hot, red, swollen, the chief points of attack being about the labial and palpebral fissures. There was general malaise, thirst, headache, slight rise in temperature, and a belief that she was in for it for two or three weeks, as of old. *Belladonna* in the sixth attenuation was given, a small powder every two hours for 24 hours, by which time all vestiges of the eruption had disappeared. The spread of the disease was checked most promptly and the patient reported herself as relieved of all unpleasant symptoms within a few hours after beginning with the remedy. No external remedies or applications were used. The *Belladonna* did the work, and that quickly. C. E. Fisher, M.D.

4018 Drexel Boulevard, Chicago.

Chronic Tonsillar Abscess—Arum tryphyllum.—In September, 1890, Mrs. A. came to me for relief from chronic sore throat. At the age of 25 she had diphtheria, and ever since had been troubled with hoarseness, rawness and burning in the throat, with severe exacerbations whenever she took cold. At the age of 30 she suffered from painful digestion and occasional vomiting of blood. While this disorder lasted the throat symptoms were suppressed, but when the stomach again resumed its natural functions the "sore throat" reappeared. When the patient came to me for treatment her age was 42. She had had this trouble almost continuously for seventeen years. She was married but had never had any children. She was short, stout and "fleshy," and somewhat asthmatic. The mucous membrane of the throat was dark red, the tonsils enlarged and covered with scars. In the right tonsil was an abscess which had existed for several years. From this the patient could express about a drachm of yellow, offensive pus, at least twice a week. When an exacerbation occurred the conditions were these: Continuous burning pains in and about tonsil; feeling as of lumps in the throat when swallowing; swallowing painful, worse from cold drinks, slightly better from warm; choking sensation caused a feeling as if lumps ascended into throat; choking caused coughing which often continued till vomiting ensued; soreness worse on right side of throat, then extending to left; pain worse at root of tongue; better from external hot applications; worse from 2 to 8 P. M. and from 12.30 to 4.30 A.M. Has to sleep with head elevated on several pillows. Just before coming to me she had had a six months' course of caustic applications to the tonsils, which proved of no avail. First I gave *Hepar sulphur*, then I gave successively *Natrum mur.*, *Silicia*, *Lycopodium*, *Sulphur*, and different combinations of *Mercurius;* also a gargle of fluid extract of *Phytolacca*. At the end of two months there was very little improvement. Then I learned that the discharge from the suppurating tonsil was acrid; that the patient had an excoriating leucorrhœa, and that urination was often attended with burning and smarting. Accordingly I gave *Arum triphyllum*, first centesimal dilution, two drops every two hours during the day.

In two weeks the throat was almost well. She stopped taking the medicine and a few days later the throat was worse. She resumed the *Arum* in the same dilution, and a week later all throat symptoms had disappeared The tonsillar abscess had healed and the lady remains well up to this present time. C. C. Wiggins, M.D.

Osage, Iowa.

Thlaspi bursa pastoris in Renal Hemorrhage.—The article on *Thlaspi bursa pastoris* in the December Century reminds me of the following case of renal hemorrhage, cured by *Thlaspi*. Some six months ago a case of renal hemorrhage came into my hands after an old school physician had treated it for some time. The patient was a lady of about 56, rather stout, and for four or five months her urine had never been free from blood. I learned that she bled very easily, and remembered treating her once for an ecchymosis of the conjunctiva, produced by a slight fit of coughing. There was considerable pain, tenderness to pressure over the right kidney, marked anemia of the mucous membranes and slightly atheromatous condition of the arteries. The blood was mostly bright, arterial. I gave *Hamamelis*, *Erigeron*, *Terebinthina*, and other remedies, and enjoined perfect rest without any but temporary benefit; I finally gave *Ergot* without making any impression. Then I happened to read in the *North American Journal of Homeopathy* about Dr. Deschere's case of hemoptysis treated with *Thlaspi bursa pastoris* in increasing doses and concluded to try it on my case. I commenced with one drop doses of the tincture, but gradually increased the dose to thirty drops four times a day, After a few of the latter doses had been taken the blood in the urine commenced to decrease, and in about ten days it had entirely disappeared. There has been no return of the trouble, now about two months.

C. Schumann, M.D.

Delhi. N. Y.

CENTURY CULLINGS AND COMMENTS.

By the MEDICAL CENTURY'S STAFF.

An exchange reports a case where a bean remained in the ear 39 years. It was removed without much difficulty, with the result of restoring the patient's hearing at once.

Dr. John A. Wyeth writes to a contemporary to say that the honor of the first hip-joint amputation in this country belongs to Dr. Walter Brashear, of Kentucky.

Dr. Robert T. Morris, of New York, has established this standard for his early appendix operations: "An inch-and-a-half incision and a week-and-a-half confinement."

Dunham, Dowling, Allen, Helmuth—what an illustrious quartette! All of them have filled the deanship of the New York Homeopathic Medical College; all of them leaders in opinion, in thought, in action: all of them among our immortals.

The Medical Record declares that the whole matter of diagnosis and treatment of diphtheria must be gone over again on the basis of the germ theory. Some day it will dawn upon some allopath to go over the matter on the theory that he has a patient to cure.

A hopeful young Allopath, of Louisville, Ky., advises physicians to adopt antiseptic clothing. We suggest a tin cap, copper shirt, brass coat, sheet iron trowsers and rubber boots. A man could then turn the hose upon himself with impunity.

Dr. W. M. Weidman, of Reading, Pa., a well known railroad surgeon, advises immediate amputation the moment it is decided the limb must be sacrificed. He waits only on profound shock, and is opposed to the elastic bandage of Esmarch. Dr. Weidman uses no medicated solutions and insists on absolutely dry dressings.

"Wine, Women and Song," the famous paper by Dr. Frank Kraft, has been widely copied and commented upon by the old school journals, and even by the secular press. We observe that no mention is made anywhere of Dr. Kraft's therapeutic beliefs. The Homeopathic press is an hundred-fold more liberal than the Allopathic.

The unctious "convert" who eagerly announces his conversion from Allopathy may, after all, be a confirmed dead-beat who owes some faithful doctor a big bill, and who will be just as readily "converted" back to the old medicine when he gets deeply enough into the pockets of the Homeopath. Look out for him.

These advantages are claimed for the horse hair in surgery: cheapness, easily obtained, soft, pliable, elastic, and holds a knot well; aseptic, non-absorbent, non-irritating; can be used in a very small needle and makes no shoulder at the eye; more easily removed than any other suture, without pain or injury to tissues; can be used for drainage.

Looking Backward.—Only French "Doctors" on the Riviera.—Under a law recently put in force, only physicians graduated in France are allowed to use the title "Doctor" in that country. Consequently the English and American physicians on the Riviera have been requested to remove the title from their door-plates. They will be allowed to retain their practices, if they were certified health officers prior to the enactment of the law.

Appendicitis, according to Dr. Sanborn, concerns the physician only in the early recognition of the disease; the surgeon must have subsequent charge of the case. He further says that the catarrhal is the only medical phase of the trouble; that in this some delay may be advised as to operation; that all cases that show no improvement within 36 hours should be operated upon at once; that, as a general rule, early operation is the only rational treatment; and that a great many apparent recoveries from medicine are not recoveries at all, but very delusive snares and highly dangerous pitfalls.

A remarkable case was presented to the Louisville Medico-Chirurgical Society recently. A vigorous male child of 23 months died suddenly, after an apparently trifling illness, lasting a few days. The autopsy revealed extensive intro-cranial changes, supposed to be the result of a fall received in early infancy. On opening the abdomen eight or ten ounces of pus gushed out, the intestines were agglutinated and the appendix was perforated at or near the tip, although entirely free from obstructions. There had been no abdominal pains and the tremendous pathological changes seemed to take place without giving the least warning of their significance.

Dr. William T. Bull directs attention to the liability of abscess after the ligature of the omental stump in operations for strangulated hernia, and presents cases wherein the secondary trouble did

not develop until after the lapse of considerable time. Dr. W. L. Rodman, of Louisville, Ky., confirms the experience of Dr. Bull, and cites a case of his own wherein the patient, a man of 33, progressed favorably until the 13th day, when trouble began in the stump, resulting in abscess, but terminating in recovery. As these troubles have followed the use of the silk ligature, it is suggested by Dr. L. L. McMurtry that catgut be employed.

Dr. A. L. Cartledge, of Louisville, Ky., reports a case of "Cicatricial Stricture of the Pylorus cured by Pyloraplasty." The method adopted was that devised by Heineke. The cause of the trouble was the swallowing of a pin eight years before.

Rhinology.

NASO-PHARYNGEAL CATARRH.

By C. GURNEE FELLOWS, M.D., Chicago.

PROFESSOR OF DISEASES OF NOSE AND THROAT, HAHNEMANN MEDICAL COLLEGE.

Although this subject seems old, I am led to discuss it by the fact that I am constantly being told by patients that their family physician has remarked, without examination, that "catarrh, in this climate, is inevitable." I beg to differ from such a statement and will try to prove my ground.

No modern physician should term a case incurable until he has examined it thoroughly. The commonest of all subjective symptoms are: dropping from the back part of the nose of mucus of all degrees of consistency; the necessity for "hawking" frequently; bad taste in mouth in the morning; transitory hoarseness, or possibly a "nasal twang" to the voice.

Let us examine a typical case. Good light, a tongue depressor, and a small mirror are necessary. The oro-pharynx may be easily examined, but the rhinoscopic mirror is necessary for the examination of the naso-pharpnx. First, the normal should be well known in order to better judge of the abnormal, which may consist in simple chronic inflammation, hypertrophied follicles, adenoids, ulceration, anterior nasal disease, or there may be slight change from the normal, even with the many localized symptoms.

If the disease is found to be a chronic inflammation of the mucous membrane, also, it may require local and internal treatment. The use of the atomizer or nasal douche alone will rarely accomplish more than cleanliness. And here I may say that, on the whole, I think atomizers are prescribed too indiscriminately; not that I object to their use, for I do not, but the patient thinks that its use alone will produce a cure, and as it does not, the atomizer and the physician ordering it suffer an unjust condemnation.

If the mucous discharge is sticky and the patient cannot easily clear the pharynx, a spray is advisable for purposes of cleanliness, of *Boracic acid, Salt, Soda, Calendula*, or any of the ordinary antiseptics in solution. Now we are ready for treatment. I believe that local remedies are often advisable, but we must use discretion as we would in treating any delicate mucous membrane.

Glyceroles are used with success, those of *Hydrastis, Calendula, Iodine, Pyoktanin, Aceto-tartrate* of *Aluminum*, etc., being among the most common. These should be applied by a cotton tipped pharyngeal application, repeated two or three times a week until improvement results or fails to be noticed. Astringents are less commonly indicated but are often called for; *Zinc, Argentum nitricum, Tannic acid* in one to five per cent. solutions.

The internal remedy may also be applied locally, in solution, as a glycerole or as a powdered insufflation. If there is true hypertrophy present it must be removed surgically, as milder means will not generally suffice.

There are many diseases of the pharynx, each with its well known signs and no longer can we assign a general term "catarrh" to all diseases of this region. Adenoids, ulceration and anterior nasal causes of laryngeal catarrh demand definite treatment and involve too much to be considered here. I have recently tried to show, in an article to the *Journal of Laryngology*, that diseases of the liver, stomach and intestines have a directly causative relation to many diseases of the pharynx, hence many cases of pharyngeal catarrh may be dependent upon these remote causes.

Dyspepsia produces a diseased mucous membrane extending to the pharynx, and is as very easily diagnosticated by those accustomed to look at the pharynx as by those who take the tongue as a sign of stomachic trouble. The dry pharynx, covered with tortuous veins, demanding constant moistening for comfort, is often an indication of constipation, which in turn is but a symptom of a diseased bowel. "Bilious attacks" are often accompanied by nose bleed or acute pharyngeal symptoms, and as the analogy is shown by citing these well known signs, the attention should be called in reverse order to remote causes when a chronic pharyngeal catarrh presents itself, with no complaint as to distant disease.

The treatment suggests itself: remove the cause and leave the symptom to take care of itself. Here, as above, internal remedies play an important part. The case should be carefully studied, the remedy selected and given. Local remedies, as well as internal, fail if we have only a partial picture of the disease.

Necrological.

DR. W. H. HOLCOMBE.

By F. H. ORME, M.D., Atlanta, Ga.

Dr. William Henry Holcombe, the eminent Homeopathic physician, died in New Orleans, La., Nov. 28, 1893, leaving a widow and an only daughter, Mrs. Dr. Gayle Aiken, at whose residence he died. His death should not pass with ordinary notice, for he was far from being an ordinary man.

Born in Lynchburg, May 29, 1825, he was educated in Virginia, being graduated from the Washington (now Washington and Lee) College at Lexington. His father being a physician of distinction he had a natural predilection for the profession of medicine, and, pursuing studies accordingly, he received his medical diploma from the University of Pennsylvania in 1847. Reared under old school auspices he practiced in Indiana for some time, but subsequently moving to Cincinnati (where he met Miss Rebecca Palmer, who

became his wife) he had the advantage of seeing the greatly superior success of Homeopathic practice during an epidemic of Asiatic cholera, which led him to investigate the new system with the usual result of its adoption. From that time to the day of his death he was an enthusiastic practitioner, exponent and supporter of Homeopathy; not, however, in an exclusive sense, for he was of a manly and liberal nature and held himself free to use at any time whatever might inure to the benefit of his patients—the position of every true physician.

In 1852 he moved, from considerations of health, to Natchez, Miss., where, associated with Dr. Davis, he had brilliant success in the treatment of yellow fever, and the two were elected physicians and surgeons to the Mississippi State Hospital. When the trustees were summoned by the legislature to explain their reasons for changing the practice in the hospital, they replied that Homeopathy had proved, by its successful treatment of the great scourge of the South, its claim to universal acceptance.

In 1864 he moved to New Orleans, where he soon took a leading position among the physicians of that city, endearing himself by his many noble qualities to those whose medical adviser and friend he became. Tall in stature, stately and dignified in his demeanor, he was yet cordial and attractive by reason of the genial benevolence of his nature. Wherever known he was regarded as a man among men. Able and faithful in service, his skill made him famous while his clientele became large. Scholarly and accomplished in many ways, his companionship was a privilege to be enjoyed. A gentle, generous, sympathetic-natured man was he. The leading virtues which adorn human nature were conspicuous in Dr. Holcombe. He was a man of sentiment as well as of reason and of principle. He lived a life of probity and usefulness, leaving the world better for his having lived. More of such men would make a richer world.

Dr. Holcombe had a decided turn for literature, and while the chief work of his life was his practice, he was facile and potent with his pen. His beloved Homeopathy was a common theme: "The Scientific Basis of Homeopathy" (304 pages), "How I Became a Homeopath," "What is Homeopathy," etc., were some of his productions on this subject. He was an editor for a time of the *North American Journal of Homeopathy* and a collaborator on the *Southern Journal of Homeopathy*, and other journals. His brain was prolific and embraced many subjects. He was spiritually inclined and belonged to the church of the New Jerusalem, and the doctrines of Swedenborg were impressed to a great degree upon his writings. He laid great store by what he termed his spiritual philosophy. "Our Children in Heaven," "The Sexes Here and Hereafter," "The Other Life," "The End of the World," "The Lost Truths of Christianity," "Letters on Spiritual Subjects," "The New Life," "Helps to Spiritual Growth," etc., were some of the works which gave him not only national but international fame as a spiritual philosopher.

The doctor also indulged in fiction and politics as subjects of mind and pen. "In Both Worlds," "A Mystery of New Orleans," "Thoughts About Christian Science," "Spiritual Philosophy of the African Race," were among his productions. Two volumes of poems, one in 1860 and one in 1872, showed that the poetical nature was strong and constant in him. Wonderful indeed was his industry and his fertility. But all of these works were mere episodes in the life of this great, this excellent physician, who went about doing good. Here it was that he was most admired and loved. For this it was that tears fell at his fall from high and low, from rich and poor. Eminent in many ways he was preëminent as a physician, ranking always among the first and greatly esteemed by his colleagues. He was president of the American Institute of Homeopathy in 1875, was a member of the Southern Homeopathic Medical Association from its organization, a member of the Hahnemann Association of Louisiana, etc.

With a national reputation, and having had repeated and successful experience in epidemics of yellow fever, it was not strange that when a national Homeopathic Yellow Fever Commission was appointed by the president of the American Institute of Homeopathy, in 1878, to investigate the subject and the effect of Homeopathic treatment upon it, he was made its chairman. Nobly did this expert and veteran lead in this investigation, and when, after frequent and full conferences with his colleagues of the commission, everything important having been agreed upon, he wrote the report that was presented to Congress, the master hand was shown, while the superiority of Homeopathic treatment in this disease was demonstrated and made clear as the day. The array of incontrovertible statistics, skilfully marshalled in that report, has never been contested, and stands as a monument at the same time to the author and to the system he loved so well and did so much to advance.

The writer has authentic information of the fact that Dr. Holcombe's last literary work—that which he declared would be his last—was a reply, still in manuscript and finished shortly before his death, to Dr. Browning's (Gould) prize essay entitled "Modern Homeopathy, its Absurdity and Inconsistencies." This reply has for its title "The Truth about Homeopathy." Who more competent than he for this timely work? It goes without saying that it is masterful and conclusive. Coming as the last product of his mature and well stored mind it will be looked for with exceptional interest and will be read with avidity by the thousands who have long admired the doctor's brilliant ability as a writer. It is understood that the doctor's family will carry out his desire and intention to have the matter published in pamphlet form, as soon as suitable arrangements for its publication can be effected.

Dr. Holcombe had for some years suffered from heart trouble, but two days before his decease he was upon the street, in usual health, talking freely with his friends. In the evening he complained of faintness and retired early; was ill, but not alarmingly, the next day; on the following day he awoke, spoke to the loved ones near him, and in a few moments the tired heart sank to repose, and "the wheels of weary life at last stood still."

To live honorably and usefully, and die bravely, is the most and best that man can do, and so our good friend—the tender, true and noble friend—has gone to try the realities of that "future life"

of which he thought and wrote so much; about which we all wonder so much and know so little. No cannon boomed over his grave, for he stormed no cities, he slaughtered no thousands of fellow-beings; but his is that better, dearer, loftier tribute, the tribute of sincere regret and genuine tears at the loss of a loved and valued citizen, physician and friend.

Atlanta, Ga., December 11, 1893.

DR. WM. H. HOLCOMBE.

RESOLUTIONS OF RESPECT—HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

At a meeting of the Hahnemann Medical Association of Louisiana, held at the office of Dr. Chas. Lopez, 150 Canal Street, the following resolutions were adopted:

Whereas, It has seemed good to the Almighty Disposer of Events to remove from our midst our late worthy and esteemed fellow-member, Dr. Wm. H. Holcombe; and

Whereas, The intimate relations long held by the deceased with the members of this Association render it proper that we place on record our appreciation of his services as a physician, a philanthropist, and his merits as a man; therefore be it

Resolved, That we deplore the death of Dr. Wm. H. Holcombe with the deepest feelings of regret, softened only by the confident hope that his spirit is with those who, like him, having fought the good fight here are enjoying the perfect happiness of a better world.

Resolved, That we tender to his afflicted relatives our sincere condolence and our heartfelt sympathy in their affliction in the loss of one who lived and died a true physician, beloved by all who knew him; a loving and devoted husband, a kind father, and a truly good man has been taken from us.

Resolved, That the secretary of this Association be instructed to transmit an engrossed copy of these resolutions to the family of the deceased.

Charles R. Mayer, M.D., *Secretary*.

New Orleans, La.

TRIBUTE TO THE MEMORY OF DR. WALTER F. KNOLL.

When the telegram announcing the death of Dr. Walter F. Knoll was received my heart was indeed sad. For twenty years we had been intimate friends: schoolmates, classmates and boon companions, both at the Illinois State Normal University and the Chicago Homeopathic Medical College. At the latter we were roommates and the ties of friendship then formed have increased with the years. Dr. Knoll, like most of the Normal students, came from the farm. He inherited a strong constitution, a clear brain and a generous nature. During all these years it has been a source of great satisfaction to me to watch the marvelous development of his powers. Possessed with a laudable ambition to succeed he ever strove to reach his ideal—and a noble ideal it was; he was determined to reach the highest possible point of excellence in his profession, and right royally did he succeed. At the time of his death he was without a doubt the peer of any man in America in the field of general surgery. No better evidence of his ability is needed than the special consideration shown him by such world-renowned surgeons as Alberti, Bergmann and Esmarch of Germany, and Billroth of Vienna.

Just before starting on his second foreign trip he wrote to Billroth, giving the date of his intended visit. When he reached Vienna he found that Billroth had reserved for him the seat nearest the operating table. This honor at the hands of the most famous surgeon the world has ever produced is one of which any man might well feel proud, and goes to show how highly our friend was regarded by those competent to judge.

Dr. Knoll was, perhaps, not as elegant as some, but his thorough mastery of the subject in hand, whatever that might be, his enthusiasm and his irresistible logic carried conviction to his hearers. These facts account for his wonderful success as a teacher. He also wielded a facile and vigorous pen. Hundreds of the younger, yes and the older men, too, of the profession have been partakers of the fruits of his labors.

Whether in the laboratory of the chemist, of the histologist, of the biologist, of the physiologist, or of the pathologist, or whether in original research in the domain of surgery, he was always fully equipped for the work in hand—was ever ready to impart his knowledge to others. In trying to reach the highest summit he was always glad to carry others along with him. Many a man owes his success in life to Dr. Knoll. His private life was absolutely unassailable. His mind and heart were ever bent on making the world better and happier. Measured by the good work done, rather than by years, his labors have reached a fruition given to but few men to attain. Thousands, formerly afflicted, but now in the enjoyment of good health, live to testify to his skill and kindness of heart. It may, indeed, be truly said that he made the pains and burdens of humanity lighter; that "he hath fought a good fight and that henceforth there is laid up for him a crown of life."

C. B. Kinyon, M.D.

Rock Island, Illinois.

RESOLUTIONS OF RESPECT.

The following resolutions upon the death of Dr. Walter F. Knoll, were passed by the Homeopathic staff of Cook County Hospital:

Whereas, it has pleased the all-ruling Providence to remove by death our associate and colaborer of the surgical staff of Cook County Hospital, Walter F. Knoll, M,D., and,

Whereas, his services, covering a period of five years, in the capacity of attending surgeon, having been exceptionally able and efficient, therefore be it

Resolved, that we his colleagues of the Hospital staff, deploring our loss, desire hereby to recognize the deeper affliction of his surviving family in this event, to extend to the bereaved wife assurance of our tenderest sympathy, and to put on record for his children a testimony of truest appreciation and sincere regret.

Resolved, That a copy of these resolutions be conveyed to the family of our lamented colleague and given to the medical press for publication.

John W. Streeter, M.D.,
Wm. G. Willard, M.D.,
Committee.

Chicago.

DR. JOHN C. ROBERT.

At the regular monthly meeting of the New York Homeopathic Union, held at 53 West 45th Street, New York, November 15th, 1893, the president, Edmund Carleton, M.D., in the chair, announcement was made of the death of John C. Robert, M.D., at New Utrecht, N. Y., on the 12th instant.

After remarks by members on the character and services of the deceased, the following resolutions were offered by B. Fincke, M.D., seconded and by vote unanimously adopted:

Whereas it has pleased God to remove from us Dr. John C. Robert, of New Utrecht, a graduate of Bellevue Hospital College, member of the New York Homeopathic Union and of the International Hahnemannian Association;

Resolved, That by his death we have lost a true Hahnemannian Homeopathician, who in his quiet unassuming way contributed to the promotion of Homeopathic science and art, by careful provings and successful practice.

Resolved, That we deem a public recognition due to his memory in this behalf, and also on account of his philanthropic work among the sick and suffering lowly.

Resolved, That these resolutions be entered upon the minutes of the Union, and that copies be sent to his family and to the Homeopathic journals.

Signed, J. W. Thomson, M.D.,
Secretary *pro tem.*

Correspondence.

BRITISH CONGRESS INCIDENT.

EXPLANATORY LETTER FROM DR. VAWDREY.

Editor Medical Century.

As the action of Dr. Dyce Brown in refusing to extend to Dr. Alfred Heath the courtesy of an invitation to the Congress has excited some comment, it may be of interest to the readers of the Century to explain the legal aspects of the case. And it may be as well to state once for all that no slight towards the American Colleges was either intended or implied by Dr. Dyce Brown in the course he pursued. It would be the quintessence of affectation, if not a piece of sublime impudence, for any British Homeopathic physician to ignore the services rendered to Homeopathy by our American colleagues. Moreover, the American Homeopathic colleges have been ever in advance in insisting upon an adequate course of study as a condition of graduation. Dr. Dyce Brown must be well aware of these facts, and it is therefore difficult to suppose him capable of offering a gratuitous affront to an American college, of which we know nothing but what is to its credit. A brief statement of the law in its relation to the registration of foreign diplomas will help to clear up some misconceptions.

The medical profession in this country is controlled by a body known as the General Medical Council. Of this body some of the members are elected by the crown, some by the various licensing authorities, and the remainder by registered medical practitioners. The General Medical Council are practically autocratic in matters coming within the scope of their investigations. Amongst other matters which they have to decide is the recognition or exclusion of foreign diplomas. The question is one of some nicety, and there is no reason to assume that the General Medical Council are animated by unworthy motives in deciding upon the merits of various foreign degrees. A person, then, who desires to be registered as a foreign practitioner must prove to the registrar that he holds a *recognized* foreign medical diploma, granted in such a foreign country, and that he is of good character and entitled to practice medicine, surgery and midwifery in such foreign country, and also that he is not a British subject; or that the diploma was not granted while he was domiciled in the United Kingdom; or was granted in course of a period of not less than five years, during which he was resident out of the kingdom; or that he was practising in the United Kingdom on the said date, and had been practising there or elsewhere for not less than ten years immediately preceding. He will then, on payment of a fee not exceeding £5, be entitled to be registered without further examination. A "recognized" foreign diploma is one which is recognized for the time being by the General Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for efficient medical practice; but the Privy Council has power, after communication with the General Council, to order the General Council to recognize a diploma which they have failed to recognize. There is an appeal to the Privy Council from the refusal of the registrar to register any person as a foreign practitioner.

It may here be stated that the regulations in respect of foreign qualifications apply equally to those obtained in any of the British colonies.

Such being the law in its relation to the recognition of foreign diplomas, it will be easy for American readers to comprehend the situation occupied by Dr. Brown and Dr. Alfred Heath respectively. In the eye of the law Dr. Heath is simply in the position of an unqualified medical practitioner. In saying this no disrespect is intended towards either Dr. Heath or the college where he graduated. Had Dr. Heath been an American citizen the General Medical Council would have recognized his diploma. If, only, being still a British subject, he had resided for five years in America, his diploma would still have been registerable. Even residence in America might have been dispensed with and his diploma still have been registerable, if he had been in practice in the United Kingdom or elsewhere for ten years preceding the date when his diploma was obtained. But in Dr. Heath's case not one of these conditions existed, and though he had been in practice as a pharmacist for many years prior to obtaining his degree, such practice is not accepted by the General Medical Council as a qualifying condition.

How, then, was Dr. Dyce Brown to act in the delicate position in which he was placed? On the assumption that only legally qualified practitioners were eligible, was it reasonable to expect that an invitation would be extended to a gentleman not coming within the category? Dr. Brown was placed in a very unpleasant position, but it would be most unfair to suppose him capable of acting with any intentional rudeness towards Dr. Alfred Heath. It is quite certain that Dr. Brown acted

from a sense of duty, and it is ungenerous towards him to regard his action as an affront to the Hahnemann College of Philadelphia, where Dr. Heath obtained his degree.

On the other hand, it is difficult to withhold sympathy with Dr. Heath in the apparent stigma which attaches to his exclusion from the Congress. Dr. Heath is undoubtedly entitled to regard himself as a duly qualified Homeopathic physician, and though his degree is not registerable he may justly claim to occupy the same position socially as if it were registered. He is sailing under no false colors. He is what he claims to be—a duly qualified Homeopathic physician.

It would be a matter of extreme regret if Dr. Heath's exclusion from the Congress on technical grounds were taken as an affront to our American brethren. Northing of the sort was either intended or implied by Dr. Brown in the course which his sense of duty dictated, and our trans-Atlantic colleagues may rest assured that we are animated by the most friendly feelings towards them and that we fully appreciate the services they have rendered to our common profession.

T. G. Vawdrey, M.D.

Plymouth, England, Nov. 27th, 1893.

Note.—It is with very great pleasure that the Century gives place to the foregoing explanation of the Northampton incident, by Dr. Vawdrey; at the same time the fact remains that the honorable secretary of the congress did not explain that he had not sent Dr. Heath an invitation to attend on the ground only that he was not a registered practitioner in Great Britain, but he went further and commented on the fact that Dr. Heath had come to America and received a Homeopathic degree after only a year of previous study in anatomy, and went further than this in bringing in the case of some lady he had knowledge of who came to the United States and received her degree at one of the Cleveland colleges with but the previous training of the insufficient lectures of the London school. All of which shows that the honorable secretary did not confine himself to the non-registerable feature of Dr. Heath's case, but that he called in question the action of the college that graduated him and also the action of one of the Cleveland colleges, he does not say which, in the other case mentioned. It will be quite difficult under the circumstances to convince the readers of the Century, domestic and foreign, that the characters of the colleges mentioned have not been attacked in the house of our British Homeopathic friends. And when the congress sustained the secretary's course in thus mentioning the college feature of this case it practically placed the seal of its disapproval upon the teaching institutions of Homeopathy in this country. However, if the facts be as stated by Dr. Brown the reprimand is deserved, and if he will prove his assertions the Medical Century will cheerfully join him in insisting that reformation be instituted at once.—Ed. Medical Century.

CLEVELAND'S DENIAL.

Editor Medical Century.

In reply to your letter of recent date regarding the graduation of Dr. Carmen, I beg leave to state that in 1888 the registrar of the Homeopathic Hospital College received a letter of inquiry from Miss Harriet Carmen, of London, England, relative to the course of study, time required, qualifications, etc. In the same communication she mentioned the time she had devoted to the study of medicine, number of courses of lectures attended, etc.

The faculty instructed the registrar to inform Miss Carmen that she was qualified to enter the senior class. In 1891 the lady came to Cleveland and presented to the faculty of the Cleveland Medical College satisfactory evidence of having studied medicine the required time, and certificates of attendance upon the equivalent to two courses of lectures in an American college. She was admitted to the senior class, was found to be well informed, stood high in her class and graduated with honor in the spring of 1892.

Fraternally, Byron B. Viets, M.D.,
Registrar Cleveland Medical College.

THE BRITISH CONGRESS AND THE PHILADELPHIA COLLEGE.

Editor Medical Century.

Replying to your recent inquiry about the charge of Dr. D. Dyce Brown, London, that Dr. Heath of that city had been graduated from Hahnemann College of Philadelphia without proper preliminary education and training, I beg to report that the facts are these: Dr. Heath wrote me stating he had been a licensed chemist or pharmacist for over twenty years; that he desired to qualify as an M.D., but feared his position as a Homeopath would prejudice his case in England, if indeed, it did not make it entirely impossible, and hence wanted to know what he would have to do to secure our diploma.

I wrote him that his license as a chemist would be accorded the same value as a diploma of a College of Pharmacy in this country; that is, it would be counted as one of the three yearly courses required at that time; he having had more than the one previous year of "reading medicine, he could come over and take two yearly courses of lectures with us and if he passed a satisfactory examination by the faculty he would receive his degree."

In reply he stated the difficulties in his way of spending two years in this country and asked if a year's study in the London schools and the last year with us would answer? I wrote "yes," provided he brought the evidence of having attended a full course in any of the good colleges of London, he would be entered into our graduating year but the last year with us was absolutely necessary. He wrote he would be with us for the session of 1889–90 (October to April). This correspondence occurred early in 1888. In the fall of 1889 Dr. Heath presented himself and showed satisfactory evidence from the London schools of having attended a full session on the branches required, was admitted to the class, attended faithfully to all the lectures, as other students, passed his examination satisfactorily, and in due couse received the degree of M.D. from the college in the spring of 1890.

With the value of our diploma in England I have nothing to do. But as to the genuineness and value of the diploma of Dr. Alfred Heath, according to the laws of this state and charter of this college as they existed in 1890, there can be no possible doubt.

John E. James, M.D.,
Registrar Hahnemann Medical College of Philadelphia.

Seven cases of appendicitis, all operated upon early by Dr. James A. Goggans, of Alabama, all show rapid and uneventful recoveries. Another surgeon of deservedly high reputation reports a number of cases operated on as a last chance, *all* fatal. You feel your appendix and take your chance.

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M.D., - Editor.

ASSOCIATE EDITOR:

W. A. DEWEY, M.D., New York.

Chicago, January 1, 1894.

OUR NEW YEAR.

With this number the Medical Century begins its second year and launches the first issue of its semi-monthly edition. The success which attended the journal during the first year of its life was phenomenal, and goes to show that Homeopathy is quite ready for something out of the usual line of the journalism which has been its enjoyment and profit. And encouraged by the support that has been so very freely tendered we shall go on in the work of endeavoring to give to the Homeopathic profession a thoroughly metropolitan medical newspaper, and feel confident from the experience of the year just closed that our labor in this direction will meet with the hearty coöperation of the journalistic writers and readers of our school.

A glance at the volume of 1893 will reveal a splendid product. The papers published last year would, in the main, do great credit to the journalism of the older sect, and, as a whole, reflect unusual credit upon us. Especially do the papers in surgery and gynecology show a degree of strength and originality in Homeopathy that we have just reason to be proud of. In some departments the output has not been what it should have been, but our materia medicists and clinicians have opportunity afforded them this year to bring their departments up to the standard set by those mentioned. The foreign features have been very gratifying, but it is hoped and expected these will be greatly enlarged during this year. The facilities of the Century have been extensively increased lately and it is believed the semi-monthly issue can be made successful. Much, however, will depend upon the every day practitioner. The "Medical Century Clinic," appearing for the first time in this number, will afford the man who "cannot write an article" a chance to at least record his successes and failures and to tell his colleagues something about the prevailing diseases of his neighborhood and the genus epidemicus, and thus he will be able to lend much of practical value to the journal for this year. It is hoped that hundreds of busy practitioners all over the country will make this department their own.

As an honest of our intention for the future we need but call attention to this number. The papers are exceedingly interesting and valuable, as will be seen at a glance. And for succeeding numbers there is a most excellent menu already in hand. The Homeopathic profession is proving itself capable of as good work in medical journalism as its older sister. Did nothing else offer to disprove the hackneyed assertion of the dominant sect that Homeopathy has added nothing to the real work of the physician and surgeon the files of the Medical Century for 1893 would give the assertion most emphatic denial. And for 1894 it may be depended upon that there will be much more that is generally helpful and altogether original developed in our ranks, through this medium alone.

Gratified at the excellent support which has thus far been extended it, determined to outstrip its past efforts during the year to come, rejoicing at the general prosperity that is attending Homeopathy everywhere, realizing that it has made some mistakes which it will try in the future to avoid and with the greetings of the season to its journalistic contemporaries and its every reader and supporter the Century begins its second year full of hope, full of confidence and full of good cheer for everything and every body Homeopathic and medical.

DR. WM. H. HOLCOMBE.

Homeopathy has been called upon to suffer another unusually severe loss in the death of the mighty genius of the far South, Dr. Wm. H. Holcombe, of New Orleans, which sad event occurred on the early morning of November 28th, from chronic organic heart disease from which he long had suffered. The story of his long and useful life is told in another place by his friend and colaborer Dr. F. H. Orme, of Atlanta.

Dr. Holcombe was one of the truly great men in Homeopathy. His work in the South did as much to sucessfully introduce the new system in that section as the work of any other man. His labors in the numerous epidemics of yellow fever through which he passed are well known to the whole profession. His various contributions to medical literature are all highly creditable and have done much toward giving a better understanding of our tenets and practice to the laity and the profession of the other school. He had reached the highest gift of the profession in attaining the presidency of the American Institute of Homeopathy, and was also unusually highly honored in being made chairman of the yellow

fever commission, whose report was presented to the Congress of the United States in 1878.

Dr. Holcombe was a part of New Orleans. He was one of the most widely known citizens of that metropolis; his history was, in fact, a part of its history. He was universally beloved of his patients and was looked upon as the very personification of nobility, virtue and goodness of heart among them. His colleagues recognized in him a man of unusual attainments and the entire populace of New Orleans respected him.

Of recent years Dr. Holcombe has not given his first thought to his profession. His mind has been dealing with spiritual things and he has devoted much of his time and labors toward the development of spiritualistic thoughts. He is the author of several Swedenborgian works, notably "Our Children in Heaven," "The Sexes Here and Hereafter," and other works. He also issued a volume of poems some years ago, and later a novel titled "The Mystery of New Orleans." By thus dividing his literary efforts he did not attain that distinction in any one field that he might otherwise have done, and it is to be regretted that from his wide experience and extensive knowledge he did not leave us a text-book on the practice of medicine. Such a work from the pen of Dr. Holcombe would have possessed truly intrinsic value.

It was the good fortune of the editor of this journal to have heen a student in Dr. Holcombe's office, while he was a resident of Cincinnati, for about a year, and that experience was a pleasant and profitable one, indeed. He was one of the most lovable men in his domestic and social relations it has ever been our pleasure to meet. He was kind to every one connected with him by family ties or professionally or socially. Tender-hearted as a woman, strong minded as a Webster, and thoroughly intellectual it was his to be respected, admired, beloved. And if aught that was autocratic appeared in his nature it was simply because of the fact that by every body connected with him or in any wise associated with him he was recognized as the genius that he truly was.

Dr. Holcombe's death will be deeply deplored in the profession all over the world. His name was known everywhere, his writings were among the most popular reading the profession has ever had set before it, and his genial ways, lovable disposition and kindly heart won for him multitude of friends and admirers. He was a truly great and good man whose place it will be hard to fill. We mourn his loss.

GOOD NEWS FROM GEORGIA.

A most signal victory has been won in Georgia, as will be seen from the following cheering letter from the seat of the latest medical war:

ATLANTA, GA., December 7th, 1893.

MY DEAR DR. FISHER:

Late as it is and tired as I am I cannot sleep without sending you a note of triumph and exultation. The legislative fight is over and the enemy has been defeated. The original bill was discussed before the Judiciary Committee of the House and was there so far defeated that a substitute measure was proposed, providing for three separate boards. This was set for special order this afternoon, and, busy as I am at this time, I stole off from my office hours to hear the debate and was "in at the death," for it failed to pass.

This ends a well-fought fight and I hope our old school friends, who have moved heaven and earth to get their bill through this time, have learned the lesson that they cannot secure sectarian legislation at their own free will. We must keep up the opposition to examining board bills and hold to the line mapped out by the American Institute as we are doing in Georgia, where we still have what the Institute approves, a good registration law.

As ever, faithfully yours, F. H. ORME.

There is just cause for rejoicing in the foregoing good news. Georgia has but a small Homeopathic representation. A score of physicians of the new school, good, bad and indifferent, will cover the field. Georgia has no state society, absolutely no Homeopathic institution of any name or nature and but a small local club, which has but feeble existence. Yet almost single handed and alone Dr. Orme has been able to signally defeat the forces of the old school in their efforts to secure an examining board medical law. This is the courage, the determination, the spirit we would wish to see diffused throughout the entire Homeopathic body politic of this great country.

It is a fact that the Homeopathic profession is opposed to the examining board plan of control. It is the plan that has crushed us out of existence, almost, in Germany and several other foreign governments, and it is the plan that retards our growth and development in Europe, in Canada and in those states of the Union as have thus far adopted it. Yet we find here and there a willingness on the part of our forces to accept the measure, largely on the grounds that it cannot be avoided and that we had better, therefore, accept our part of it, no matter how little or how much that may be. In New York, Maryland and one or two other states we have contended for separate boards and have won them, with the result that our interests have been shown to have suffered the same, almost, as though but a single board had existed. In Minnesota and one or two other states our colleges have allowed themselves to be entrapped into consenting to a minority representation, with the result that they are about as well off as in those states having three boards, all being in much worse condition in so far as growth in numbers and other developings are concerned than in most states having no boards, but good registration laws instead. And it is a fact that in every state having a board law a good minority of our school, if, indeed, not a good majority, have yielded their convictions against the board plan of contro to the thought that boards it must be and, therefore, we had better get what we can out of it.

The victory in Georgia shows that this is sheer weakness. Dr. Orme and a few colleagues, together with such opposition as could be brought to bear from the Eclectic school, has been able to defeat a bill in a state in which Allopathy is unusually strong and Homeopathy unusually weak. Likewise the Homeopaths of Louisiana have recently defeated a similar measure in their state, whereas they number less than a score and a half against over fifteen hundred Allopaths. And in Texas our forces, numbering less than a hundred, have defeated the old school three different times, the latter numbering above four thousand strong.

These victories in these Southern states, where Homeopathy is in almost a hopeless minority while the old school is securely intrenched with all the prestige of numbers, political preferment and position and financial and social standing in high degree, should teach us a lesson of courage and determination not to allow the older sect to rule in this matter. It has proclaimed from the house-tops that by the examining board plan of control it will crush out all opposition to "regular" medicine, and it at once becomes our duty and should become our pleasure to oppose to the death all medical legislation looking to the formation of examining boards, no matter how constituted.

Oh, for more of "the spirit of seventy-six"! and for the courage and bravery and success of the Homeopaths of Georgia and Louisiana and Texas! These given and the examining board, the child of monarchial forms of government, where everything is under governmental paternalism, would cease to obtain a footing in these United States.

GOOD TEXT FOR A SHORT SERMON.

In renewing his subscription to the MEDICAL CENTURY, for 1894, Dr. A. G. Beebe, professor of Surgery in the Chicago Homeopathic Medical College, gives us the following excellent text for a short sermon on the business features of medical journalism:

"I congratulate you on having self respect enough to stop your journal when the subscription has expired. I would far sooner subscribe for a publication under such circumstances than otherwise. I should be very wary of inviting a man to my house if I knew he would keep on coming till I had to drive him away with a club."

There is a bunch of good sense in the foregoing terse approval of our course in endeavoring to establish the business rule of all first class publications in connection with the MEDICAL CENTURY. During the ten years we edited the *Southern Journal of Homeopathy* several thousand dollars were lost in uncollected scbscriptions. And were we to give a list of names of physicians still indebted to that missionizing journal the profession would open its eyes in astonishment. The secrets of the business end of our journals had best not see the light of day, Doctors are, as a rule, careless business men, and it is surprising how many of them pay no attention whatever to the duns sent out from the journal offices. We presume they take on this contagion from their patients who usually pay but little attention to bills sent through the mail. But it is a fact that the subscription list of a medical journal cannot be counted upon for any considerable share of its legitimate expenses. Hence the effort of the CENTURY to establish the pay-in-advance-for-subscription plan.

The business department of this journal is not able to carry its thousands of subscribers through any considerable part of the year. Printers won't wait for their pay. Uncle Sam is contrary and insists on his postage monthly. The paper men draw at thirty days sight for their money, and office rent has to be paid in advance. The business manager has to live, and the editor—well, he gives all his work and time on the journal gratis and steals just that much from the earnings of his private practice. So the pay-in-advance plan has been decided upon, and only reasonable leniency will be accorded any member of the profession, high or low, college professor or country practitioner, physician or surgeon, man or woman. All must walk up to the counter as if they were subscribing for *Harper's Monthly* or the *Century Magazine*. As Dr. Beebe puts it we do not propose to go where we are not wanted. And we take it that we are not wanted very badly when payment for us is long deferred. Treat the CENTURY as a business man should and the CENTURY will return the courtesy by bringing to your table semi-monthly as good a load of medical pabulum as is furnished by any periodical of any school. Renewal blanks go with the journal every issue now, and if you want it for 1894 you must sign one of them and send it into this office promptly. The MEDICAL CENTURY will not be sent to any one who does not care enough about it to renew his order year by year.

Editor's Table.

Prof. Curtis M. Beebe has resigned from the Faculty of Chicago Homeopathic College.

Dr. Mark C. Blystone, of Broken Bow, Neb., made a pleasant call at the CENTURY office last month.

Dr. O. Stewart Bamber, Rochester's correspondent of the MEDICAL CENTURY, spent a few days in Chicago recently. Come again.

The residence address of Dr. Fisher, editor of the CENTURY, is 4018 Drexel Boulevard, Chicago. All personal mail should be so directed.

Hahnemann Medical College, Chicago, suffered a severe loss in the recent death of Dr. Leffingwell, one of the junior professors of her faculty

It is whispered that Dr. Wilson A. Smith, the clever and accomplished editor of the *Medical Current*, will spend a part of the winter in Florida. The MEDICAL CENTURY envies him.

Dr. Sarah J. Milsop reports la grippe prevailing about Bowling Green, Kentucky. Her experience with it is that of many members of the profession just now. It seems to be quite wide-spread but very mild in form.

Dr. Ida Joe Brooks, Little Rock, Arkansas, has recently moved into new and elegant offices on Main Street. Dr. Brooks is meeting with very gratifying success in her practice. The South is quite kindly disposed toward lady Homeopathists.

Dr. E. D. Ayers, one of the best known and most thorough going of the Homeopaths of the Southwest, of Little Rock, is quite ill with pneumonia. His many friends in and out of the profession will join us in hoping for his speedy and complete recovery.

The British Homeopathic Society numbers about 200—193, to be exact. The increase has been most marked during 1891-92 and '93, amounting to 79 new members. It is thought the two-hundred mark will be reached before the jubilee of the society's history, the 10th of April next.

Dr. E. H. Pratt has been quite ill recently with rheumatic fever with kidney complication and is taking a much needed rest in California. The doctor has done the work of three men for several years past and if he doesn't wear himself out it will be a wonder. A stitch in time saves nine.

Dr. Chas. A. Wilson, San Antonio, Texas, who went to that city a year ago for his health, from Pittsburgh, has recently suffered an unusually severe attack of pleuro-pheumonia, from which he is now recovering satisfactorily. This will be good news to his many friends in Pennsylvania and Texas.

The issue of this journal of January 15th will contain an able article from the pen of Dr. J. P. Dake, Nashville, Tenn., on the subject of medical legislation. Dr. Dake is one of the most careful and thorough reasoners in the Homeopathic profession and a paper of unusual merit may be looked for.

The London Homeopathic Hospital has a staff of nurses numbering about forty. The work of the institution is being carried on in a temporary building during the erection of the magnificent new hospital now in process of construction, at the rate of about 500 in-patients and 10,000 out-patients annually.

At a recent meeting of the Hahnemann Publishing Society, England, Dr. Richard Hughes was unanimously re-elected president, Dr. A. E. Hawkes was chosen viee president, and Dr. Hayward was re-elected secretary and treasurer. The best recent work of the society is the publication of the *Organon* as written by Dr. Dudgon.

Dr. H. E. Beebe, Sidney, Ohio, in renewing his subscription for the MEDICAL CENTURY for 1894 says he "could not practice medicine without it. No other journal like it for me. It has been a phenomenal success. Go on and end in a weekly." This is the kind of good cheer that helps in the sanctum of this or any other journal.

Dr. David Thayer, of Boston, one of the oldest Homeopaths in Massachusetts, died at the ripe age of eighty years on the 14th of December, of pneumonia. Dr. Thayer won an enviable name and reputation from the promulgation of the olive oil treatment of gall stone colic, and was recognized as a physician of unusual ability and acumen.

Dr. S. G. A. Brown was married to Miss Jennie Evelyn Lutz, at Philadelphia, on Thursday November 23d, 1893. The wedding was pronounced recherche, and the event an unusually happy one. After a short Southern tour Dr. and Mrs. Brown will reside in Shippensburg, Pa., where the doctor has built up a lucrative practice. Congratulations are extended.

The CENTURY is in receipt of a letter from Madam Bojanus, who with her distinguished husband, Dr. Carl Bojanus, Sr., attended the World's Congress of Homeopathic Physicians and Surgeons last May, from Samara, Russia, announcing the good health and return of strength of good Dr. Bojanus, which was very feeble when he was with us last spring. This will be good news to his admiring colleagues in America. Dr. Bojanus promises the CENTURY an article tor the issue of February first which will be interesting reading, as it is to be full of life and spirit from a patriarch of full eighty years. It will be a most welcome contribution.

The CENTURY enjoyed an exceedingly pleasant call late last month from Dr. O. P. Robinson, Janesville, Wis., who is one of the most remarkable characters of the profession of the great Northwest. Dr. Robinson is above 82 years of age, yet strong, supple and vigorous as a young hickory. For more than fifty years he has been continuously engaged in the practice of Homeopathy, nearly all the time in his present field of labor. He is still in the harness and will die with his medicine case in his hand. It is a pleasure to meet these sturdy pioneers and hear from their lips the struggles of Homeopathy in the early days.

From Dr. A. Cuvier Jones, secretary of the Colorado Homeopathic State Society it is learned that "the committees are already at work enthusiastically in preparation for the work of the great American Institute meeting in Denver in June. Colorado physicians will receive and entertain the Institute royally." This is good cheer in the far West, but is not one bit more cheering than we have all along expected. When the time comes for the West to do a thing it buckles right down to it and does it. And this is just what Denver will do, so the members of the American Institute of Homeopathy may count on a really good time at Denver next summer.

Dr. Charles Adams, one of the brightest and most accomplished surgeons in Homeopathy's ranks has been chosen to fill the unexpired term of Prof. Knoll in the Chicago Homeopathic College. Dr. Adams has been in retirement for a number of years, so far as college and association work goes, and is to be congratulated upon again entering into the public work of the profession. And Chicago Homeopathic College is to be congratulated also upon having secured his very valuable services in a time of need.

The *Homeopathic World*, London, deals in outspoken language, with the recent episode of the Northampton Homeopathic Congress, the refusal

to admit the Century's correspondent, Dr. Heath, to a seat in the council because he came to America to take his medical degree from a regular Homeopathic college, something they know not of in old England. The *World* gives the Homeopathy of the United States the credit belonging to it, and freely admits that our teaching institutions, our volumes, our journals, our associations, are all ahead of the institutions of England, and acknowledges that without the United States Homeopathy might even cease to exist. It outspokenly favors sending young Britons to this country to be educated in the Homeopathic schools and puts to shame the recent action of the Congress of its country. Its ring is almost American in its justice and independence.

If Mr. Earnest Hart, the presumptious little editor of the *British Medical Journal*, the dandiest little dapper of a doctor of the old, old school who has recently visited this country from abroad, can read and if he can be induced to peruse the December issue of the *Monthly Homeopathic Review* he will find himself "reviewed" to the Queen's taste. If ever mortal man succeeded in making himself obnoxious and piggish it is Mr. Earnest Hart, who did America last summer, trying the while to teach our fraters of the old school how to be gentlemen, how to deal with Homeopathy, how to cure cholera, how not to quarantine against the commerce of England in their efforts to keep the cholera out of this country and how to edit medical journals, all without the asking on the part of the profession whose guest he was. Old Johnny Bull was represented in all his lordlyism in Mr. Hart, and the *Review* gives its readers the American impression of the man. It is rich reading.

The *American Homeopathist* for December 1st treats at length editorially of the action of the British Homeopathic Congress in refusing admission to a graduate of an American Homeopathic college on the grounds that he is not registrable under the laws of England, and on the further grounds that he is said to have had no previous medical training before coming to this country to receive his degree; and Editor Kraft deals in several severe shoulder hits at the bigotry and inconsistency of our British colleagues, some of which are surely deserved. He makes out a strong case against them in the premises, albeit a little more personal in his allusions to this journal and to the president of the British Congress than, perhaps, he should have been. But what Dr. Kraft has to say is well and pointedly said and if it puts our English colleagues to thinking it will have served an excellent purpose. Homeopathy in England cannot afford to throw stones at Homeopathy in the United States.

The Essentials of Homeopathic Materia Medica, by W. A. Dewey, M.D., New York, is the latest brochure issuing from the press of Boericke & Tafel, and just received at the office of this journal. Like all of Dr. Dewey's writings it is intensely practical, and it is destined to have as large a sale as Boericke & Dewey's Tissue Remedies, if we may judge from the character of the book. It is wholly unlike any Homeopathic work ever before published, dealing only with the essentials of the Homeopathic Materia Medica. It is simply a Quiz-compend, full of meat from cover to cover. It gives the common name of every drug treated of, its drug preparations, its physiological action, its Homeopathic uses, and such differentiations and close indications as can be embraced in a compend of its size. Under Digitalis are the following questions: What is Digitalis, its alkaloids and preparation? What is the general physiological action of Digitalis? What are the symptoms that to us as Homeopathists indicate its use in heart troubles? What is the mental condition in these heart affections? What are the indications for Digitalis in dropsies? What are the liver symptoms of Digitalis? What are the urinary symptoms of Digitalis? Is Digitalis ever a remedy for pneumonia? All these questions are answered in succinct manner, giving to the brief study of this drug an intensely practical value. Of course it is not a completed study, but the book is not intended to supplant text books. It is just what its name implies, a quiz compend of Homeopathic Materia Medica. a book that should be in the hands of every student attending Homeopathic colleges and in the hands of every practitioner as well. It is a book of 268 pages, got up in Boericke & Tafel's usual good style, and is a suitable companion for Bell & Laird, Johnson's Therapeutic Key, Gatchell's Key Notes of Practice, and other brochures of their class. The Medical Century cheerfully commends this latest effort of its associate editor, Dr. Dewey, and believes it will be found to be an exceedingly useful little volume.

Dr. George R. Parsons, of Kerrville, Texas, died on the 27th of November, after being in ill health for several months, at the age of fifty-one years.

Dr. Parsons was a warm personal friend of the editor of this journal, a friend at all times and under all circumstances. A native of Illinois and a graduate of Hahnemann Medical College, this city, class of 1874, he went to Texas in the Fall of 1875 and sought our professional advice as to the most suitable location for him from the standpoint of health, his trouble being looked upon as incipient phthisis. He was sent to Kerrville, a mountain sanitarium northwest of San Antonio, where we were then residing, and there he lived till the day of his death, a monument to the climate which saved his life and restored his health. He did not long practice medicine but engaged in various business enterprises in all of which he was successful, and soon became one of the best known citizens of Southwestern Texas. He filled many offices of trust and profit and up to within a few days of his death was mayor of Kerrville, enjoying the confidence of the community to the fullest degree.

He was a man of warm heart, unfailing energy, never ceasing devotion to his work, whatever it happened to be, honest to a fault and true as steel in the friendships he formed. He was married and leaves a widow and three sons, two of them well grown young men. His funeral was largely attended and deep regret is manifested in Kerrville and for many miles around over the loss of one of the best known and most deservedly popular citizens of a large section of Southwestern Texas. The Century tenders condolence to his family and friends and joins them in mourning the loss of one of the best friends its editor has ever had.